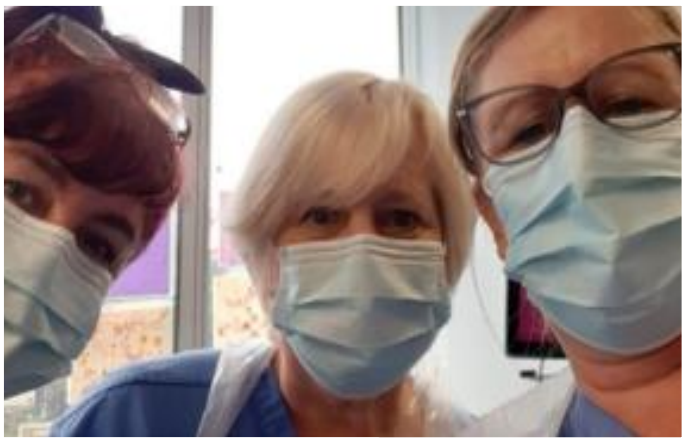
NHS

York Teaching Hospital

NHS Foundation Trust

Annual Report & Accounts 2020-21







Thank you to our amazing *NHS* Staff

York Teaching Hospital NHS Foundation Trust

Annual Report & Accounts 2020-21

Presented to Parliament pursuant to Schedule 7, paragraph 25(4)(a) of the National Health Service Act 2006

Contents

This Annual Report and Accounts have been prepared on a Group basis and include references to York Teaching Hospital Facilities Management Limited Liability Partnership which is a subsidiary company.

Our vision, mission and values

Vision

Be collaborative leaders in a system that provides great care to our communities

Mission

Start well, live well, age well. We want everyone in our area to have a great start in life and to have the opportunities and support they need to stay healthy and to age well

Strategic Goals

- To deliver safe and high quality patient care as part of an integrated system
- To support an engaged, healthy and resilient workforce
- To ensure financial stability

Strategic Themes

- Deliver clinically sustainable services for our patients
- Develop people to improve care
- Adopt a Home First approach
- Work collaboratively in our partnerships and alliances
- Make best use of every pound

Values

Caring about what we do

Always doing what we can to be helpful

Respecting and valuing each other

Listening in order to improve

Statement from the Chair

This has been a year like no other. The global pandemic has impacted our communities, our patients, our trust and our staff.

Our Trust, like many others, has “dug deep” and found strength and resilience to care for our Covid-19 patients and to maintain services in the best ways we could. We have developed communications and teams in ways we could not have conceived 14 months ago. We have harnessed technology in innovative ways which have enabled us to continue to care for our patients, to communicate with their families and friends and to work together effectively. So many of our staff have stepped up to the challenges and in doing so revealed flexible skills and strengths previously unknown. We have experienced the remarkable kindness of strangers. It has been an extraordinary time.

More than 2,700 Covid-19 patients have received inpatient care in our Trust and very sadly more than 600 have died. Our waiting lists have grown. And some of our staff are fatigued – not just from the relentless pressure of working life, but also from the challenges many have faced as a result of the pandemic at home too.

Despite all of this, our Trust and our Board have continued to deepen our commitment to our patients and our staff, to our Trust and to our wider geography though the Integrated Care System (ICS).

We close the year with our Trust firmly orientated towards recovery: our Board is stronger than ever, with a Chief Digital Information Officer in post and two new Non-executive directors, one of whom is the Deputy Dean of Hull York Medical School. We have continued to develop the Board during the year, focusing on diversity and inclusion, building trust and becoming a Digital Aspirant. We have prepared the way for a significant and important communications exercise in the year ahead, through which we will be sharing a new, co-produced, values and behaviours framework. We have changed our name to become York and Scarborough Teaching Hospitals NHS Foundation Trust, a name which truly reflects who we are. We are poised for the single biggest capital investment the Trust has ever made in the renewal of our emergency department in Scarborough. Our clinical strategy for the Trust is drafted. We have played an important role is establishing Humber, Coast and Vale ICS. We have the clearest focus on the importance of the wellbeing of our staff.

From the difficult days of the pandemic, our Trust emerges stronger and braver and ever more resolved to be the best we can be. All of our efforts will be shaped by the three very clear Trust values which have emerged from this extraordinary year: kindness, openness and a desire for excellence. We know that it is these simple human values which are so vital to our Trust and the way we do our work that will guide us in the year ahead.

Susan Symington, Chair
11 June 2021

Performance Report

Statement from the Chief Executive

One subject has dominated 2020/21, not just in our Trust, but across the world and in every aspect of our lives.

For us, the Covid-19 pandemic began with reports of two suspected cases in a York hotel at the end of January 2020. The first phase of the NHS's preparation and response to Covid-19 was triggered with the declaration of a Level 4 National Incident on 30 January.

In the months since then we have lived and worked through the biggest challenge the NHS has ever faced.

Following national direction, we cancelled planned surgery, routine outpatient appointments and suspended all visiting to our hospital sites. These were not easy decisions to make but were essential to enable us to maximise capacity and keep our patients and staff safe.

At significant speed we reconfigured our wards and departments and began to plan and train for the rising number of patients we would need to care for. We created Covid-19 and non-Covid-19 areas in our emergency departments, wards, operating theatres and critical care areas to more effectively manage different patient groups.

We have admitted more than 2,700 patients with confirmed Covid-19 since the pandemic began, and at our peak we had eleven Covid-19 wards at York Hospital and six at Scarborough Hospital.

The pandemic has tested our emergency preparedness and resilience like never before. On behalf of the Board I must place on record our thanks and gratitude, not only to our staff, whose efforts have been nothing short of phenomenal throughout, but also to the countless individuals, organisations, local businesses and the wider community who have shown their support in all manner of ways.

As 2020/21 draws to an end, we are beginning to see the prospect of a return to a more familiar way of life.

We have made significant strides in the treatment of Covid-19, and our staff have contributed to vital research in this area. We have also seen the development of vaccines, with our hospital hubs vaccinating thousands of health and social care staff across the region, moving us forward in our efforts to overcome the virus.

However, it is likely that Covid-19 will affect the way we work for some time to come, and the reality is that, although we managed to maintain much of our urgent care including cancer services, patients will wait longer for some treatments and appointments as we continue to work with reduced capacity as a result of safety measures.

This means our focus must now be on recovery, and how we can transition from the pandemic to more sustained 'business as usual'.

We have been asked to focus on a number of priorities and to deliver them by working collaboratively through the Integrated Care System (ICS), including restoring elective services, supporting staff health and wellbeing, and redesigning community and urgent and emergency pathways.

Our plans need to strike a balance between treating delayed patients as soon as possible and managing fatigue within the workforce. This will inevitably have an impact on the pace of recovery and the extent to which we may be able to increase our capacity, as well as other practical limitations such as the continuing of social distancing requirements and enhanced infection prevention measures.

In terms of our workforce, the ongoing wellbeing and welfare needs of our staff are a priority, and we are working hard to put in place long term support for staff to aid their psychological recovery as we move to 'restart' the organisation.

For our financial performance, this has been a strange and challenging year but we have ended 2020/21 with a balanced position. We spent almost £0.6 billion, plus an additional £22 million on fighting the Covid-19 pandemic.

The financial framework for 2021/22 will build on a system-based approach to funding and planning, with system funding envelopes issued for the first half of the year. There will be a continuation of the system top-up and Covid-19-19 fixed allocation arrangement and the block contract approach for NHS providers.

Although the pandemic has inevitably dominated our organisation, looking beyond this we have continued to work on some of the strategic challenges we faced before and to plan for our longer term future.

In relation to the quality and safety of our services, we have also continued to deliver against our action plan to address improvements highlighted by the CQC during their inspections in 2019. The Quality Board established to support improvements in quality, safety and performance across urgent and emergency care at the Trust and the wider York and Scarborough system has been stood down, as it has agreed that the specific concerns raised in relation to the delivery of urgent and emergency care by the Trust have been mitigated.

These are important steps forward for us, and it is pleasing to see progress in patient safety, quality and performance, particularly in the current climate.

We have also made significant investment in our estate. Importantly, the outline business case for the multi-million pound investment to transform urgent and emergency care facilities at Scarborough Hospital has been approved. This means that we can now progress to the next stage, which is the development and submission of the full business case before the end of 2021.

During the year, there has been growing clarity about the future of ICSs and what the system will look like in the future. The Trust is taking an active role in Humber, Coast and Vale ICS as it develops, and as we see the emergence of geographic partnerships and places, with the expectation of legislation to remove barriers to integration taking effect during 2021/22.

Within the Trust a priority will be to deliver on the commitments made as a result of the large-scale staff engagement exercise, Our Voice, Our Future. This will signal a fresh start for the organisation post-pandemic, and will see the rollout of new values and behaviours that will provide a strong foundation for the organisation we want to become as we recover from the upheaval that the pandemic has caused.

A symbol of this new start is that from the beginning of 2021/22 our Trust will formally be known as York and Scarborough Teaching Hospitals NHS Foundation Trust.

This has been a matter of great importance to me since I joined the organisation, and I believe that this change will send a strong, inclusive message to all of our staff, help us move forward as a single organisation, and better represent the communities we serve.

Simon Morritt, Chief Executive
11 June 2021

Overview of Performance

The purpose of the overview is to provide a short summary of the organisation, its purpose, key risks and how it has performed during the year.

Statement of Purpose and Activities

The principal purpose of the Trust is the provision of goods and services for the purpose of the health service in England.

The Trust is registered with the Care Quality Commission to provide safe care that is responsive and effective.

We are a NHS foundation trust. Foundation trusts operate independently of the Department of Health, but remain part of the National Health Service (NHS). This gives us greater freedom and more formal links with patients and staff, who we are accountable to through an elected and appointed Council of Governors.

The Trust covers one of the biggest geographical areas in the country. We are a large integrated acute and community trust that provides a comprehensive range of clinical services to a catchment population of approximately 800,000 people living in York, North and East Yorkshire and Ryedale, an area covering 3,400 miles. This includes the City of York but also covers a large rural geography with a dispersed population.

Services are provided from two main hospital sites in York and Scarborough but also from a range of other facilities including community hospitals and community units in York, Selby, Malton, Easingwold and Bridlington.

Both York and Scarborough hospitals have accident and emergency and critical care units and are admitting sites for emergencies and complex elective care. They both provide inpatient maternity and neonatal services, as well as children's inpatient services, along with a wide range of outpatient services.

The Trust provides specialist services from other sites, including renal dialysis in Easingwold and Harrogate, and sexual health services in Monkgate Health Centre in York. The Trust also works collaboratively in certain specialties through clinical alliances with Harrogate and District NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust to strengthen the delivery of services.

We are part of the Humber, Coast and Vale (HCV) Integrated Care System (ICS) which brings together health and social care partners across York, North Yorkshire, East Riding and North Lincolnshire. Together we have a shared ambition for the people living in the Humber, Coast and Vale to start well, live well and age well.

We also work in close partnership with local clinical commissioning groups (CCGs) and local authorities to ensure services are developed to continue to meet the needs of our patients.

Brief History

York Hospital opened on its current site on Wigginton Road in 1976. When it first opened the Hospital had 600 beds and replaced numerous smaller sites, including Acomb Hospital, City Hospital, York County Hospital, Deighton Grove Hospital, Fulford Hospital, Military Hospital and Yearsley Bridge Hospital.

York Health Authority became a single district trust in April 1992, known as York Health Services NHS Trust and became York Hospitals NHS Foundation Trust on 1 April 2007. The Trust then decided to adopt 'Teaching' into its name, which was approved by NHS Improvement (formerly Monitor) and came into effect from 1 August 2010.

In April 2011, the Trust took over the management of community-based services in Selby, York, Scarborough, Whitby and Ryedale, and in July 2012 acquired Scarborough and North East Yorkshire Healthcare NHS Trust, bringing Scarborough and Bridlington hospitals into the organisation.

York Teaching Hospital Facilities Management LLP (YTHFM)

York Teaching Hospital Facilities Management LLP is a wholly owned subsidiary of the Trust providing managed services in estates and facilities. It was formed in October 2018 and is responsible for these services across the acute hospital sites and community sites.

The business currently employs circa 1,200 employees and this is set to increase over the coming years, which will include the employment of additional apprentices and graduate trainees. The primary aim of YTHFM is to ensure the successful delivery of key and critical support services to the Trust, which support them in the delivery of patient care. A Master Services Agreement is in place and this is a 25 year contract. YTHFM continues to support the Trust in delivering their strategic goals and has adopted their values. Alongside providing services to the Trust, YTHFM delivers services to commercial clients and strategic partners across the region. YTHFM LLP has its own management group and is registered with and submits an annual report to Companies House. At an operational level its financial performance both ongoing and annually is consolidated in the Trust's accounts.

Key achievements during the year include:

- Providing a rapid response service to support the Trust throughout the ongoing Covid-19 pandemic;
- Supporting the set-up of the vaccine hubs;
- Capital projects - invested over £19m across the estate, this includes some landmark schemes:
    - completion of the Council-led York Community Stadium project which saw a number of clinical and non-clinical services relocate to the new stadium;
    - supported the Trust with the submission of an outline business case to the Department of Health and Social Care Joint Investment Committee which received central government approval this year in relation to the major £40m+ Scarborough urgent and emergency care development and engineering infrastructure upgrade project which will allow for construction to commence on site in the third quarter of 2021/22 subject to full business case approval.
- 27 employees studying apprenticeship programmes;

- Delivering a bottom line surplus in excess of £1.5 million back to the Group (YTHFT);
- Improved compliance with key performance indicators from 66% to 85% in the top performing category;
- Modernising working practices with £350k investment in new kit and equipment.

Under the leadership of the new Managing Director, YTHFM has set out a new five year strategic plan for 2021 to 2026 and looks to strengthen its partnership with the Trust.

Key Issues & Risks

Clinical Sustainability

The Trust has continued to work with some of our most challenged and pressured specialties across all sites to improve outcomes for patients and ensure service provision in the long term.

As a main strategic objective for 2020/21, the Trust undertook a dedicated work programme to formally assess the clinical sustainability of key clinical services at its main sites to build and develop a coherent clinical strategy. The work includes an analysis of the current and future workforce requirements, current and future activity in each service and an assessment of clinical service interdependency within the organisation and with neighbouring partners.

As an important part of this programme, the Scarborough Acute Services Review will be completed to ensure that services are configured in a way that ensures they are clinically sustainable.

The review has featured the active involvement of clinicians and managers from the locality and wider Trust, along with a number of partners and colleagues from primary care, commissioning organisations and the Humber, Coast and Vale Integrated Care System.

The review has been focusing on a detailed appraisal of existing hospital clinical services, evaluating potential clinical models to address identified issues which contain proposals for sustainable future service delivery. Documents summarising the progress of the review to date can be found at https://humbercoastandvale.org.uk/scarboroughreview/.

An important strand of the review relating to the development of a potential vision, plan and implementation programme for integrated out of hospital care is also being progressed by the multi-agency Scarborough Partnership Board chaired by Humber Teaching NHS Foundation Trust (which includes YTHFT representatives as members).

Notwithstanding the work that will be undertaken in 2020-21, the Trust has already been involved in a number of transformational initiatives and service changes to improve the clinical sustainability of some of its services. Working with Integrated Care System partners on a larger geographical footprint, the Trust is part of collaborative networks for major trauma, critical care, cardiology and specialist rehabilitation and radiology and pathology services.

The radiology group, involving senior clinicians and managers from the Trust, Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLAG), has established a cross-organisational reporting hub to share capacity across partner trusts, improve access to specialist reporting and maximise flexibility and working patterns for staff.

The pathology group of senior clinicians and managers from the Trust and HUTH is developing a detailed work programme of shared equipment investment to improve

reporting, training of advanced practitioner staff to create additional capacity and progression of a common information management system.

Outside of the Humber, Coast and Vale Integrated Care System, the Trust continues to work and develop its longstanding relationship with Harrogate and District NHS Foundation Trust on a number of service areas, where there are mutual benefits. This includes working together on vascular, head and neck, renal and breast screening services to improve clinical quality and sustainability for patients across our shared geographical footprint.

The Trust recognises that the retention of existing staff and recruitment of new staff is a crucial part of the sustainability work. Further recruitment campaigns for key clinical groups and new degree and apprenticeship qualifications are being developed in partnership with local universities and colleges.

Financial Sustainability

The NHS Long Term Plan, published in January 2019, set out the transformation of services and outcomes the NHS will deliver by 2023/24 by investing the long term revenue settlement the NHS has received from the government. The NHS and its partners used this stability to develop local system-wide strategic plans during 2019 that will put the NHS on a sustainable financial footing whilst expanding and improving the services and care it provides patients and the public.

Putting the NHS back onto a sustainable financial path is a key priority in the Long Term Plan and is essential to allowing the NHS to deliver the service improvements in this Plan. This means:

- The NHS (including providers) will return to financial balance;
- The NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care;
- The NHS will reduce the growth in demand for care through better integration and prevention;
- The NHS will reduce variation across the health system, improving providers' financial and operational performance;
- The NHS will make better use of capital investment and its existing assets to drive transformation.

To further support the delivery of the NHS Long Term Plan, the Government is currently consulting on new legislation which will, amongst other benefits, remove individual Clinical Commissioning Groups (CCGs) and move to much larger statutory bodies known as Integrated Care Systems (ICS); the ICS model will move the focus away from individual organisation performance to system performance, underpinned by a new legal duty to collaborate. The NHS will move from a competitive operating model to a collaborative operating model.

Covid-19

At the time of writing, the country and the NHS in particular is emerging from the second wave of the Covid-19 pandemic, and is feeling a level of cautious but much needed respite, as the NHS is being asked to prepare for a third wave as Covid-19 cases remain high in

Europe. However the outlook does feel more positive as the NHS continues to roll out the vaccine, at what can only be described as an incredible pace.

The Government has reiterated its commitment to the long term plan as described above and all the principles described therein. From a financial perspective the NHS continues to operate in an emergency financial regime, and this position has initially been confirmed for the period of April to September 2021 (H1). This may extend but is currently under discussion with the Department of Health and Social Care (DHSC) and HM Treasury.

Group Going Concern Assessment

The going concern concept is fundamental to the way in which the assets and liabilities are recorded in the Group accounts and assumes that the Group will be able to realise its assets and liabilities in the normal course of business and that it will continue in business for the foreseeable future. The future should be at least, but is not limited to, a period of twelve months from the end of the reporting period. For Foundation Trusts there is no automatic presumption that they will always be a going concern, particularly where difficult economic conditions and/or financial difficulties prevail.

Updated public sector Guidance on the Going Concern assessment

For 2020/21 year end onwards NHS England and Improvement (NHSE/I) have provided an update to guidance for NHS accounts for assessing going concern, this guidance has been approved by the Financial Reporting Council (FRC) and updated in both the DHSC Group Accounting Manual (GAM) and HM Treasury's Financial Reporting Manual (FReM).

The updated guidance states *'while management in the NHS bodies will still need to document their basis for adopting the going concern basis, this assessment should solely be based on the anticipated future provision of the services in the public sector. This means that it is highly unlikely that NHS organisations would have any material uncertainties over going concern to disclose'.*

Management have completed a full going concern assessment and it is recommended that the Board of Directors prepare the Group 2020/21 annual accounts on the basis of the going concern principle.

Trust position 2020/21

At the end of the financial year, the Trust reported an income and expenditure deficit of (£0.987m): this position includes a £3.52m technical impairment loss and (£1.26m) of other small technical adjustments. If all these items are adjusted, the final regulator assessed position of the Group is a £1.27m surplus which is £6.67m ahead of the original Group plan of a (£5.4m) deficit.

Due to the unprecedented trading conditions in 2020/21, the Group is due to receive £7.22m in additional income and cash to support a significant increase in the annual leave liability of the group, £3.52m of additional income and cash to support the loss of non-clinical income and £1m additional income and cash to cover the nationally negotiated liability relating to the Flowers legal case relating to Agenda for Change staff.

The Group reported a positive cash position of £47.3m at the end of the financial year.

Overall the Group has been satisfactorily supported financially within the national emergency financial regime throughout the last 12 months.

Financial Year 2021/22

NHSE/I has confirmed the emergency financial regime will remain in place for at least the period of April to September 2021 (H1). Funding is broadly based on actual expenditure in Q3 2020/21, which has simply been doubled to provide a six month income position plus a modest 0.5% increase for inflation. October 2021 to March 2022 (H2) remains under discussion with NHSE/I, The Department of Health and Social Care (DHSC) and HM Treasury and guidance will be released in due course.

Planning and Budgets - Following the recent release of the planning guidance, the Group has prepared an operational plan for H1 as described above, the operational plan has been developed in conjunction with our ICS partners and the plan meets the nationally prescribed resource limits. The plan will be presented to the Board of Directors in April 2021 for approval.

The final Board-agreed plan will be used to set the Group operational budgets.

Working Capital and Liquidity – In 2020/21 all NHS acute providers were provided with a significant cash advance to support the Group working capital and enhanced supplier payments; for 2021/22 this additional liquidity has been removed but the Group enters the new financial year with a healthy cash balance of £47.3m and the Group continues to operate an enhanced cash management regime with monthly operational cash meetings and monthly debtor meetings with all Care Group finance teams and the cash position is regularly reviewed at a senior level within the finance team.

The Group is not expecting to have any cash issues in 2021/22, but this will remain under review as the H2 financial arrangements are released.

It has been confirmed in H1 that commissioner contracts will not be required, and the Group will continue to be paid on a block contract basis during this period. The arrangements after H1 are still to be finalised.

Sustainable Resource Deployment - Although managing Covid-19 has understandably been the dominant factor in 2020/21, the Group has continued, where possible, to engage in a number of regional and national work streams, including:

- The Group has continued to fully engage and has worked very closely with the national Getting It Right First Time (GIRFT) team in 2020/21, and although this work has not continued at the same pace as previous years due to Covid-19, this work stream continues to move forward and develop.

- The Group continues to be a key partner within the Humber Coast and Vale (HCV), and indeed is at the forefront of the rapid development of the Integrated Care System (ICS) in anticipation of the new legislation passing through Parliament.

- The Group has a solid record in over delivery of its cost improvement programme (CIP); the main challenge for 2021/22 will be the re-engagement of operational and clinical staff in the program; within the financial plan there will be a requirement to deliver a modest efficiency requirement of £2.8m (0.96%) in H1, which is driven by a national requirement of 0.28%, £0.4m as a share of the system saving requirement plus a local requirement to support a small number of prioritised urgent quality and safety investments.

Financial and Operational Risk Management - The operational standards were suspended for 2020/21 due to Covid-19 and the big challenge now in 2021/22 and beyond is the very significant challenge to recover the well-publicised back log of elective patients while continuing to maintain social distancing and other infection prevention measures. Revised incremental thresholds have been published as part of the operational guidance and this, of course, is applicable to the whole NHS.

During 2018-19 the Trust was successful in its outline bid for £40m capital for a major investment in the Scarborough Hospital site. This continues to move through the formal Treasury business case approval process and has been approved at outline business case stage in the sum of £47m, the change in value being due to project scope change. The full business case is due for submission towards the end of the calendar year. This scheme is a very significant national investment and shows a high level of confidence in the system and, more specifically, the future of the Scarborough Hospital site.

The Group has a well-developed performance management framework with all Care Groups attending an executive performance management meeting monthly.

Corporate governance continues to be high on the Group's agenda. Revised arrangements have been implemented and governance continues to be monitored, reviewed and strengthened where applicable.

Following the NHSI licence breach investigation, the Group is pleased to report it has now had the licence breach undertakings fully lifted.

Partnership Working - As the ICS develops at pace the Group is fully engaged with all system partners both in terms of financial planning and developing plans for activity recovery. The Group's system presence and engagement is further evidenced by the following:

- The Group Chief Executive chairs the ICS Strategic Capital and Estates Board;
- The Group has membership of both the Acute Collaborative and Community Services Collaborative Boards;
- The Group is a major partner in the East Coast Review work alongside system commissioner partners;
- The Group is a member of the local Health and Wellbeing Board.

Workforce Sustainability

Workforce sustainability forms part of the Staff Report which can be found on page 98.

Performance Analysis

How performance is measured in the organisation

The Trust provides services within hospitals and to the community, using a variety of measures to track performance. These measures cover areas including emergency care, cancer care, waits for elective treatment; infection controls standards, the delivery of healthcare for people with learning disabilities and data completeness.

On a monthly basis the Board considers performance against these measures, and on a quarterly basis the Board confirms the position of each of the metrics to NHSE/I. More detailed discussions take place in the Board's Sub Committees which meet monthly. Details of the Trust's performance during the year can be seen in the following table.

Performance against key targets 2020/21

Indicator	2019-20	Target 2020-21	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21	Overall 2020-21
Total time in ED under 4 hours – national*	79.8%	95%	93.7%	87.1%	80.6%	78.9%	84.5%
*The Trust is monitored on the combined performance; Emergency Departments (Type 1) and Minor Injury Units (Type 3).							
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	69.7%	92%	42.0%	60.0%	66.7%	64.7%	64.7%
Cancer 2 week wait (all)	89.9%	93%	94.0%	92.5%	93.7%	91.3%	92.8%
Cancer 2 week wait Breast Symptomatic	94.9%	93%	96.1%	95.6%	93.3%	88.9%	92.7%
Cancer 31 days from diagnosis to first treatment	98.0%	96%	98.6%	97.1%	97.6%	96.8%	97.5%
Cancer 31 days for second or subsequent treatment – drug treatment	100%	98%	100.0%	99.5%	100.0%	90.5%	99.9%
Cancer 31 days for second or subsequent treatment – surgery	92.5%	94%	81.4%	87.2%	89.2%	100.0%	86.9%
Cancer 62 day wait for first treatment (urgent GP)	79.5%	85%	79.4%	78.5%	75.1%	72.5%	76.1%
Cancer 62 day wait for first treatment (NHS Cancer Screening Referral Service)	95.1%	90%	92.7%	42.9%	89.5%	90.6%	89.4%
Cancer 28 day Faster Diagnosis Standard (*Target not monitored nationally at this time)	65.5%	75%*	61.9%	64.0%	63.1%	61.8%	62.8%
Diagnostics – 6 week wait referral to test	84.0%	0.99	34.3%	53.7%	63.5%	68.5%	68.5%

Please note: Cancer Q4 and Overall positions are provisional due to reporting timetables.

The performance position has been particularly challenging throughout the year due to the impact of the Covid-19 pandemic.

Nationally, the Covid-19 Pandemic NHS Emergency Preparedness, Resilience and Response incident level has fluctuated between a level 4 (national oversight) response to

level 3 (regional oversight), to a level 5 (red) national response defined as a "material risk of healthcare services being overwhelmed" throughout the year. The Trust has been required to respond to three surges in Covid-19 activity and this has affected its ability to deliver its usual level of service which has impacted on performance against national standards and targets.

The Trust has responded to surges in the Covid-19 pandemic with the following operational and estate changes:

- The Trust's Covid-19 command and control structure was established at the end of January 2020 and is coordinated by the Covid-19 incident coordination centre.
- Scarborough and York Hospitals have been operating re-configured urgent care pathways. Each site has created a Covid-19 and non-Covid-19 emergency department space, with wards re-designated to reduce the risk of transmission for all patients. Ward capacity was reduced in line with social distancing requirements and the necessity to segregate Covid-19 positive, Covid-19 negative and Covid-19 contact patients.
- Covid-19 surge plan was refreshed regularly building on learning from wave 1 and wave 2.
- Staff were redeployed from elective areas to support Covid-19 wards.
- The Scarborough emergency assessment unit; combined medical and frailty same day emergency care (SDEC) was extended in order to maximise the turnaround of patients on the same day.
- Creation of additional isolation capacity; ward capacity rapidly converted into thirty-one isolation rooms at Scarborough and York Hospitals.
- Identification of outsourcing opportunities in the independent sector; in particular for ophthalmology, orthopaedics and endoscopy services.
- Continued work on productivity: recommenced day case and theatre productivity programmes.

The Trust has experienced a reduction of 20% in emergency department attendances for the year compared to 2019/20. The decrease in attendances has, despite the Covid-19 pressures, contributed to a month on month improvement in the Emergency Care Standard compared to 2019/20.

The Trust has prioritised cancer care throughout the pandemic, utilising the independent sector as ‘clean’ sites to deliver cancer surgery. Performance against the cancer 62 day targets has been impacted throughout the year by the stand down of diagnostic activity during wave one and the redeployment of staff to support Covid-19 wards during January and February 2021. The delivery of cancer activity is a key focus of both the Trust’s reset and restoration work scheme and the 2021/22 planning process.

The national planned care referral to treatment times (RTT) and diagnostics targets have been impacted by a reduction in routine activity. The Trust was mandated to postpone all non-urgent elective operations for a period of at least three months in national guidance received on 17 March 2020. This has resulted in a significant reduction in the RTT total waiting list (TWL) with the Trust not receiving as many routine referrals due to the Covid-19 pandemic.

However, the ongoing Covid-19 pressure, combined with the stand-down of routine elective surgery, has resulted in the Trust having over 2,500 RTT patients waiting 52 weeks or

longer at the end of January 2021. In response to delays in routine treatment caused by the Covid-19 pandemic an updated clinical harm review process has been put in place. To support the prioritisation of treatments and ensure oversight of capacity the Trust's theatre prioritisation panel has been re-instated, including independent ethics review.

The Trust's planning process for 2021/22 is in progress with Care Groups challenged to return to at least 2019/20 levels of activity and deliver zero RTT 52 week waits and zero follow up outpatients being overdue by twelve months. Even with additional funding or increased use of the Independent Sector, a multi-year 'recovery' plan and timeframe is required to address backlogs.

A review of the Trust's performance management framework is underway to ensure it provides the rigour and scrutiny necessary to assure the Board that recovery plans are on trajectory or mitigating actions are put in place where performance is off-track. The Trust is a key member of the Humber Coast and Vale ICS, with a number of Trust Directors and senior managers leading on and participating in work to re-design and configure pathways, and to optimise and expand service capacity where feasible.

Yorkshire and the Humber Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2020-2021

STATEMENT OF COMPLIANCE

The 2019/20 Overall Emergency Preparedness, Resilience and Response (EPRR) Assurance Rating was assessed as SUBSTANTIAL in that "The organisation is 89-99% compliant with the core standards they are expected to achieve". The action plan listed 6 of 64 standards that required remedial action.

The 2020/21 EPRR core standards self-assessment process was suspended in August 2020 due to the Covid-19 response and was replaced with three statements the Trust had to provide assurance of compliance to EPRR North East and Yorkshire. The assurance of compliance had to be provided by the Accountable Emergency Officer. The statements were:

- "That where relevant your EPRR assurance action plans have been reviewed in order to improve your level of compliance against the 2019/20 EPRR Assurance Core Standards, and where you have previously reported partial or non-compliance as your overall assurance rating that you provide an updated assurance level following review and delivery of your ongoing action plans".

- "That you have undertaken, or plan to undertake, a formal review process on your response to the Covid-19 pandemic to date, and have associated plans to ensure that the lessons and recommendations from that review are embedded as part of your ongoing EPRR work programme".

- "That you have reviewed your response to the Covid-19 pandemic and taken steps to embed key lessons and actions in your planning for winter and associated system response arrangements".

The response to these questions and supporting evidence were submitted to the Trust Board on 4 November 2020 and the Board endorsed that the assessed EPRR Overall Assurance Level remained as SUBSTANTIAL for 2020-2021. The report can be found here.

The details of the EPRR core standards self-assessment process for 2021/22 are awaited and are expected to report by October 2021. Although a number of core standards will be able to be mapped across to activity conducted during the Covid-19 response, it is expected that a reduction in the levels of compliance will be experienced; a situation that is likely to occur regionally and nationally.

New and Significantly Revised Services

The Trust has continued to innovate in order to achieve our aim of delivering high quality services, better clinical outcomes and improving the experience of patients.

The first phase of the NHS's preparation and response to Covid-19 was triggered with the declaration of a Level 4 National Incident on 30 January 2020.

Following national direction, planned surgery and routine outpatient appointments were cancelled and all visiting to the hospital sites was suspended. Wards and departments were reconfigured and surge planning and training was introduced in readiness for the rising number of patients who would need treatment for Covid-19. Urgent and emergency care was maintained, as was care for patients with cancer and high clinical needs. Covid-19 and non-Covid-19 areas in our emergency departments, wards, operating theatres and critical care areas were created. This meant that clinical pathways were quickly redesigned and staff had to work differently to ensure that patients and staff were safe during rapidly changing times.

Responding to the pandemic necessitated an immediate and sustained response, but this system disruption caused by the pandemic created unforeseen opportunities to innovate. Some of these changes have the potential to offer longer term benefits to patients, the organisation and wider system.

During the pandemic the Trust maintained and developed its commitment to transform services through quality improvement and workforce redesign to maximise effectiveness, efficiency and productivity. To do this we continue to work in partnership across the Humber, Coast and Vale Integrated Care System, through our alliances with neighbouring hospitals and at a local level with primary care, local authorities and community organisations.

The Trust's corporate improvement team supports service transformation through a multi-faceted approach to quality improvement via its 'Dial I for Improvement' toolkit across the organisation, utilising a variety of tools and techniques to address problems and systematic issues. The Trust approach to quality improvement applies a systematic method to engagement and involves all key stakeholders to help discover and develop solutions to complex problems or issues. Initiatives progressed in recent times include a review of the head and neck cancer pathway and enhancements to the ophthalmology urgent care clinics at both Scarborough and York Hospitals.

Some of the main partnership innovations involving other health and social care organisations that have improved services for patients include:

- Whole system planned care transformation programme working with colleagues in clinical commissioning groups and primary care to review pathways, pool resources and introduce innovative staffing roles. As part of this programme, the Trust has further developed outpatient transformation to enhanced triage, increase the use of digital technology ('Attend Anywhere' allows live virtual consultation and advice), and introduce a new service called 'Advice and Guidance'. This service allows teams in GP surgeries to send a clinical query directly to the relevant specialist at the hospital for a quick written response. By communicating directly and quickly with specialists, patients can be better supported by their General Practice team, often without the

need to be seen at the hospital. It also means that relevant tests and treatments may have already been completed for some patients who do need to be seen by a specialist, all helping to deliver a safer, more efficient service. A similar approach for outpatient referrals involving a new direct interface between the GP and consultant called Referral for Expert Opinion has also been developed and implemented, which will help inform the most appropriate clinical pathway to be followed.

- Excellent progress has been made with the implementation of patient video consultations with hospital clinicians which have been introduced across 40 pathway areas. Pilot work involving support for patients conducting video consultations from voluntary services and social care colleagues is being introduced in the Bridlington locality in the forthcoming year.
- A system supporting patient initiated follow up appointment telephone calls has also been introduced across a number of Specialty areas.
- Use of the independent sector to maintain business continuity for some urgent care consultations, diagnostics and treatment. Vulnerable clinical services such as oncology and chemotherapy were temporarily relocated to Nuffield Hospital premises in York. Staff from York Hospital and the Nuffield and Ramsay Hospitals worked together to deliver and urgent surgery on the Nuffield and Ramsay Clifton Park Hospital sites.
- Strengthening multi-agency discharge command centres to ensure timely discharge from hospital, working over seven days as an integrated health and social care team.
- Closer working between community nursing teams and other partners such as Hospice at Home and primary care, particularly an ‘integrated’ offer by practice nurses and community nurses.
- A joint initiative with the NHS East Riding of Yorkshire CCG and East Riding of Yorkshire Council has seen the creation of a social care suite on the Bridlington Hospital site. The suite has enabled the movement of medically fit patients out of the acute care setting and into an environment that supports reablement.
- Revised arrangements for procurement, mutual aid and sharing of supplies between health and care organisations.

Teams have been working closely with local GPs and commissioners and across the wider Humber, Coast and Vale ICS to improve the effectiveness of services, reduce waiting times and help patients to get the right diagnostic test, first time. Key programme initiatives also promote the ‘care closer to home’ initiatives and they include:

- Developments to the musculoskeletal service, with physiotherapy first contact practitioners in primary care well established to assess, treat and discharge patients in conjunction with GPs, as well as improvements in diagnostic provision (especially MRI and ultrasound) and the introduction of a nationally accredited back pain pathway.
- The introduction of a revised acute chest pain pathway and the management of other cardiology presentations generally including virtual reviews. In the York locality, the cardiology specialty has developed a community delivered IV diuretics and echocardiogram service so patients are seen in the community by specialty clinicians, closer to home.
- The specialist dermatology team has worked with GP colleagues to ensure that practices have access to dermatoscopes (special cameras that can take detailed

images of skin conditions). These images can be included with referrals and reduces the time patients with a suspected skin cancer wait for a specialist review and improve the communication between clinical teams.

- The anti-coagulation service has moved from being provided by a hospital-based team to teams based in GP practices. This means that patients in York requiring blood thinning medication (anti-coagulation) no longer have to come to the hospital and can receive this treatment in their local GP practice, closer to home.

Further recent pathway initiatives have also seen the introduction of:

- The chemotherapy home delivery service.
- Child health telephone clinics.
- A new triage process for sexual health service users to identify the most vulnerable and victims of domestic or sexual abuse.
- Telephone consultation for sexual health services, including increasing the availability of online testing and telephone consultation and introducing a postal supply of treatments for STIs and progesterone only contraception.
- Enhanced online support for mums-to-be has been developed by the maternity team.
- The Scarborough trauma assessment and treatment unit (TATU) which provides training, splints, casts and urgent senior decision making to the Bridlington UTC. This means that patients no longer have to attend appointments at Scarborough Hospital.
- Refreshed pathology requesting processes.
- An updated ophthalmology referral guidance for cataracts.
- Triage process by occupational therapists for neurology and stroke outpatients; following a specialist, targeted and universal approach; and the development and launch self-management packs and videos to support patient education and exercises.
- Joint working on wards and critical care to provide greater flexibility and cross-cover between areas.
- Different ways of working so that services have become more community-focused, such as the heart failure service and the telephone rapid access heart failure service.
- A single point of contact for some services, such as the York cystic fibrosis in-reach team, for advice to clinicians, patients and families.
- The electronic palliative care coordination system.
- Virtual wards which help to keep patients at home or supports earlier discharge, with outpatient attendances for investigations and home monitoring while in the recovery phase with regular contact and intervention from the hospital clinical team (eg. vascular virtual ward, Covid-19 virtual ward).
- Strengthening of same day emergency care so that more patients are seen and treated on the same day, preventing the need for patients to stay in hospital overnight.
- Direct booking to UTCs and EDs as part of the national 111 First programme.
- The Trust has continued to work closely with the national Emergency Care Intensive Support Team (ECIST) to progress this area of work in tandem with the promotion of

the SAFER patient flow process which encourages senior clinical review and timely discharge planning.

- The completion of the work to develop a consolidated day unit facility at Scarborough Hospital to maximise and extend elective operating capacity.
- A revised patient pathway for Scarborough areas residents accessing stroke services was introduced in May 2020. Patients contacting the Yorkshire Ambulance Service with stroke symptoms or presenting at Scarborough Hospital are now taken by ambulance to the nearest hyper-acute stroke unit in York, Hull or Middlesbrough. This temporary service change, which has been introduced as a result of staffing challenges, will ensure quicker access to hyper-acute stroke units and will be closely monitored by the Humber Coast and Vale Stroke Network as part of a formal service review to be completed in 2021. Development work on local hospital rehabilitation services for Scarborough and Bridlington stroke patients after their stay in hyper-acute stroke units is also being planned along with an enhanced early supported discharge service with clinical support which will enable patients to recover in their home surroundings.
- The new endoscopy unit at York Hospital opened in late 2019, reducing the time patients wait for an endoscopy procedure and supporting improved access to bowel screening to identify colorectal cancer earlier.
- The Trust has recently approved a business case for a new radiology information system which will be implemented shortly and which supports delivery of a two-year transformation of diagnostic imaging services.

The Trust has also been engaged with the NHSE/I operational productivity team over the last couple of years, working closely on a number of work streams including trauma and orthopaedics, cardiology and radiology. This collaborative piece of work between NHSE/I and the Trust's clinical, operational, improvement, finance and efficiency teams uses information from a variety of sources, including the national 'Model Hospital', service line reporting system and the 'Getting It Right First Time' (GIRFT) programme. To support this work the Trust has recently established a GIRFT Project Assurance Board to ensure corporate oversight of the GIRFT programme. The local NHSE/I GIRFT team is working closely with the Trust's programme manager to support our delivery of best practice. The Trust is also one of six in the region to receive additional support to improve theatre productivity through collaborative working and shared learning. The support offer involves a new approach to transforming theatre services, with NHSE/I and the national GIRFT team supporting the Trust.

In capital development terms the Trust is planning for two significant urgent and emergency care initiatives on the Scarborough and York sites. On the Scarborough site planning is well underway for a £47m NHSE/I supported capital development comprising a new emergency and urgent care department with approximately double the current clinical space. The building will also house a new integrated critical care floor for intensive care and coronary care and is due to open in early 2024. On the York Hospital site, funding of £15m has been obtained from NHSE/I to enable a re-design of services within the current emergency department footprint and an additional modular build, which will support significant clinical and operational benefits for urgent and emergency services.

During 2021the Trust will also be siting a range of specialist outpatient services (including rheumatology, sleep services and ophthalmology clinics) as part of the multi-agency York

Community Stadium Project. It is anticipated that utilising these high quality, modern, accessible premises will improve and enhance the experience for many of our patients.

The Trust continues to increase and develop its use of new and alternative roles and to develop different workforce models. These include:

- Physician Associates - these roles are now embedded in the workforce models in a diverse range of medical specialties, including paediatrics, care of the elderly, acute medicine and rheumatology.
- Trainee Advanced Clinical Practitioners (ACPs) - ACPs are now embedded in the workforce models in a diverse range of specialities across the Trust.
- Trainee Nursing Associates - cohorts of trainee Nursing Associates have been appointed alongside a small cohort of trainee associate practitioners. The training is being delivered in partnership with the University of York and Coventry University, and represents the start of a rolling programme for clinical apprenticeships at the Trust.

We know that responding to the pandemic has had a significant impact on how we have delivered health and social care services and this has been challenging for our staff and local communities. The innovations and changes made during the pandemic will help us to co-exist with Covid-19 whilst we refocus our efforts to reset and relaunch our services, building on the amazing work that our staff, health and care partners and local communities have taken forward over the last twelve months.

Over the course of 2020/21 it has been an exciting time for quality improvement (QI) as the pandemic has been a time of innovation and change at pace. Teams have been innovative and QI has become central to achieving the quality outcomes we strive for.

In January 2021 the improvement team moved under the remit of the Medical Director, to further strengthen the role of quality improvement methodology in improving the quality and safety of patient care. This has been further strengthened by the recent appointment of a patient safety improvement lead who will lead patient safety initiatives in collaboration with the QI team.

A defined model and embedded culture of QI is widely recognised as fundamental to the success of high performing organisations. In 2018 the CQC asserted that hospital trusts committed to delivering high-quality care should be embedding a systematic and effective approach to QI. A QI strategy group has been created to develop our trust-wide systematic and effective approach for QI. In addition to the expertise within the strategy group, which includes a lay member, staff engagement sessions are planned to enable staff to contribute to the development of the strategy. This co-production approach is fundamental to developing a QI strategy that supports the development of a QI culture within the organisation.

Within the family health care group, a pilot has been underway of a quality council approach. This approach enables from line staff to identify quality improvement projects that are supported to flourish through QI methodology coaching provided by the improvement team. This enables teams to own their improvements and gain practical skills in QI.

In order to enhance and grow the QI coaching resource and ethos, the Trust has recently partnered with Central London Community NHS Trust who developed a QI coaching training package through the support of a Q Exchange grant (Health Foundation). The 'QI coach training package' is free of charge to use and it is envisaged that this will form a key enabler to creating an embedded culture of QI across the Trust.

Out of Hospital Care

The Trust is in the final year of its out of hospital care strategy that described a vision based on 'home first'. The three key themes for the strategy are to:

- Develop integrated community services for localities;
- Develop the interface between acute and community services;
- Move services from acute to community settings.

The Trust has worked with a range of partners to continue to deliver our vision. This includes being a core member of locality forums in all of the communities that we serve alongside primary care networks, social care, community health partners, community and voluntary sector leads and mental health. These groups are leading the design and development of joined up services to meet the needs of local people and address health inequalities. These relationships have provided a solid foundation for collaborative working in response to the pandemic, providing opportunities for mutual support and the accelerated development of joined up pathways of care.

As with many services, the Covid-19 pandemic has posed unprecedented challenges for adult community services teams. This includes an increasing number of people who need to receive care in their own homes, increasing health needs linked to the virus either directly or indirectly (such as increased isolation) and the loss of capacity due to increased staff absence. The challenges have also led to a number of positive developments within services.

There has been a range of innovations as teams seek to provide their patients with the support they need whilst minimising the risks of possible exposure to the virus. These have included:

- The acute and community heart failure specialist nurses, who recognised that their patient group was clinically extremely vulnerable and developed a proactive, rapid assessment service that could provide diagnostics and treatment in an off-site outpatient care setting.
- An accelerated use of mobile technology, with teams using virtual handovers and enabling those that were isolating or shielding to work remotely from home. This included a roll out of video consultations to reduce face to face contact but also provided unexpected benefits such as a specialist palliative care consultation that was able to include a family member living in Australia.
- The acute and community respiratory specialist nurses, who set up a virtual ward for Covid-19 patients, enabling 31 patients in February 2021 to return home sooner with daily contact from the specialist nurses. This has prevented readmissions to hospital and given patients and their families the confidence to manage their symptoms.

The past year has also seen an acceleration of our partnership working with primary care, recognising our co-dependency and opportunities to provide mutual aid. Some examples include:

- In the South Hambleton and Ryedale Primary Care Network area, community and primary care nursing teams undertook joint training and reviewed their shared workload each day to reduce multiple visits to patients and to balance demand across services.
- Community nursing and therapy teams identified named professionals for each care home to work with the primary care clinical lead and each home was offered a daily contact from the community nursing team.
- Working collaboratively to deliver the largest flu vaccination campaign to date. Using the learning from previous years to improve communication, community nursing teams delivered 1,400 vaccinations (increased from 625 in 2019).

Community teams have also worked collaboratively with a wider range of partners including:

- The specialist palliative care team have worked in partnership with St Leonard's Hospice to establish a single point of coordination for end-of-life care. The teams have built on their existing relationship and, together with district nursing teams and Marie Curie, have supported an increased number of patients to die in their place of choice at home. Since July 2019, for those patients who had a preferred place of death recorded, 76.2% of deaths happened in the patient's place of choice.
- The community response team have worked with Yorkshire Ambulance Service to set up a diversionary pathway so that paramedic crews can refer directly into the service to support people in their homes and avoid them needing a hospital stay. They also worked with the British Red Cross on a pilot scheme for volunteers to support people at home.
- The discharge liaison team have worked with local authority partners and the continuing health care teams to respond to the national discharge guidelines and establish a multi-agency discharge command centre (within a fortnight) leading to significant reductions in patients delayed in hospital when they were ready to leave. This resulted in a reduction from nearly 120 patients who had been in hospital for over three weeks in February 2019 to fewer than 50 in February 2021.

The children's community nurses have adapted rapidly to the use of mobile technology and more remote ways of working, reducing travel time and using virtual meetings. They have provided an increase in face-to-face visits for the complex and vulnerable children on the caseload who have been isolating and reluctant to attend GP/hospital, especially at the beginning of the pandemic. Teams supporting children in the community have led a number of developments through the year, including:

- Specialist nurses have provided video clinics. Both the diabetes team and respiratory team have embraced the use of virtually training for schools and nurseries.
- A nurse-led asthma clinic has been established in York and Scarborough. This is reducing hospital admissions, particularly for children who regularly attended with wheeze, increasing parents' knowledge and improving medication control and inhaler technique.
- The bowel and bladder team are in the process of setting up educational sessions for parents of children with constipation with an aim to give advice and support to

empower families, enabling them to manage their care needs with less reliance on healthcare staff. The team have fully assessed all children in receipt of containment products and have supported some of the young people and their families to manage their continence, resulting in independence and a better quality of family and social life.

- The Trust continues to work closely with the clinical commissioning group and local authorities to meet the needs of children with special educational needs. We have received funding to provide a new 'transition' post, and are improving processes for education and health care plans.
- The Trust has worked closely with schools to ensure vulnerable children were still able to access education throughout the pandemic.

Review of Financial Performance – Fair view of the Trust

The table below provides a high-level summary of the Trust's financial results for 2020/21.

Table 1 - Summary financial performance 2020-21

	Plan £million	Actual £million	Variance £million
Clinical income	513.8	515.9	2.1
Non-clinical income	56.8	100.2	43.4
Total income	**570.6**	**616.1**	**45.5**
Pay spend	392.7	394.3	-1.6
Non-pay spend	165.7	200.4	-34.7
Total spend before dividend, and interest	**558.5**	**594.7**	**-36.3**
Operating surplus (loss) before exceptional items	**12.1**	**21.4**	**9.3**
Dividend, finance costs and interest	17.5	22.4	-4.9
Net profit/ (loss)	**(5.4)**	**(1.0)**	**4.4**

Statement of Comprehensive Income 2020/21 - Clinical income totalled £515.9m, and arose mainly from contracts with NHS Commissioners, including Vale of York CCG, North Yorkshire CCG, East Riding CCG, NHSE/I and Local Authorities (£514.4m), with the balance of (£1.5m) from other patient-related services, including private patients, overseas visitors and personal injury cases.

Other income totalled £100.2m and comprised funding for education and training, research and development, and for the provision of various non-clinical services to other organisations and individuals. The major variance in other income substantially relates to additional income relating to the increase in staff pension contributions, exceptional annual leave payment and income to cover exceptional Covid-19 PPE expenditure, this income is netted off within pay expenditure. There is also additional income support provided by NHSE/I under the emergency financial regime to cover an accepted, and nationally replicated, shortfall in non-clinical income due to Covid-19.

The Trust re-values all of its property fixed assets, including land, buildings and dwellings, at the end of each year, to reflect the true value of land and buildings, taking into account in year changes in building costs, and the initial valuation of new material assets. In 2020/21,

there has been an overall downward valuation of the Trust's assets. This has led to a net technical and non-cash fixed asset impairment of £3.52m in year.

At the end of the financial year, the Trust reported an income and expenditure deficit of (£0.987m): this position includes a £3.52m technical impairment loss and (£1.26m) of other small technical adjustments. If all these items are adjusted, the final regulator assessed position of the Group is a £1.27m surplus.

Accounting policies - The Trust has adopted international financial reporting standards (IFRS), to the extent that they are applicable under the Department of Health Group Accounting Manual (DH GAM).

Cash - The Trust's cash balance at the end of the year totalled £47.3m.

Capital investment - During 2020/21, the Trust invested £24.9m in capital projects across the estate. The major projects on site during this period included:

- Scarborough – Re-model of Anne Wright and Haldane Wards
- Scarborough and York – Significant programme of back log maintenance
- Scarborough and York – Endoscopy equipment replacement
- York – Community stadium
- York – Emergency department re-model
- York – ICU expansion

The Trust continued its programme of essential replacement of medical and IT equipment and plant across all sites, through a combination of purchasing and lease finance.

Planned capital investment - Capital investment plans for 2021/22 include:

- Scarborough – Transformation of urgent and emergency care
- York – Vascular imaging unit
- York – Emergency department

During 2018/19 the Trust was successful in its outline bid for £40m capital for a major investment in the Scarborough Hospital site. This continues to move through the formal Treasury business case approval process and has been approved at outline business case stage in the sum of £47m, the change in value being due to project scope change. The full business case is due for submission towards the end of the calendar year. This scheme is a very significant national investment and shows a high level of confidence in the system and, particularly, the future of the Scarborough Hospital site. This programme of work continues to move forward through the necessary planning and approval process and the project is expected to be finally completed in 2024.

A key Trust focus remains on reducing backlog maintenance and investing in our IT infrastructure across all Trust sites, although capital funding has been extremely tight and there has been a requirement to prioritise the work within the capital programme.

Land interests - There are no significant differences between the carrying amount and the market value of the Trust's land holdings.

Investments - There are no significant differences between the carrying amount and the market value of the Trust's investment holdings.

Value for money – 2020/21 has proved to be another extremely challenging year with Covid-19 dominating the NHS agenda.

The NHS financial regime for 2020/21 has been like no other in recent memory; the Covid-19 pandemic has dominated NHS finances locally, regionally and nationally. To support the NHS in its response to Covid-19 all normal financial arrangements were suspended and an emergency financial framework was put into operation until 30 September 2020. This initial regime included a retrospective top-up process which ensured a balanced financial position for all Trusts.

In the second half of the year the emphasis of the regulatory regime changed to focus on the reintroduction of financial control, with the Trust being expected to manage within a fixed resource allocation set by NHSE/I. The Board of Directors agreed a plan that resulted in a £5.5m income and expenditure deficit for the second half of the year.

Although the NHS was not formerly required to delivery any efficiencies in 2020/21, the Trust has a proven record of implementing and delivery of a resource management cost improvement programme aimed at delivering efficiencies, to support the Trust in making outstanding use of its available money, staff, equipment and premises. A waste reduction programme will be re-instated in 2021/22.

Good resource management provides clarity of focus and is usually linked to improved patient care, when backed by a rigorous quality impact assessment (QIA) process. The work involves linking across the Trust to identify and promote efficient practices.

The Group has continued to fully engage and has worked very closely with the national Getting It Right First Time (GIRFT) team in 2020/21, and, although this work has not continued at the same pace as previous years due to Covid-19, this work stream continues to move forward and develop.

The Group continues to be a key partner within the Humber Coast and Vale (HCV), and indeed is at the forefront of the rapid development of the Integrated Care System (ICS) in anticipation of the new legislation passing through Parliament.

Better payment practice - The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date, or within 30 days of receipt of goods or receipt of a valid invoice, whichever is later. The Trust's in year performance is detailed in table 2 below:

Table 2

	Number	Value
		(£'000)
Total Non-NHS trade invoices paid in year	92,789	245,076
Total Non-NHS trade invoices paid within target	86,029	233,922
Percentage of Non-NHS trade invoices	92.71%	95.45%

paid within target		
Total NHS trade invoices paid in year	4,774	179,610
Total NHS trade invoices paid within target	3,329	164,568
Percentage of NHS trade invoices paid within target	69.73%	91.63%

The Trust's performance in this area has significantly improved during 2020/21 due primarily to NHS acute trusts being provided with significant cash to ensure supplier payment terms were improved. The total amount of any liability to pay interest which accrued by virtue of failing to pay invoices within the 30-day period was £2.6k.

The Trust has complied with the cost allocation and charging requirements set out in the HM Treasury and Office of Public Sector Information guidance.

Income disclosure - Section 43 (2A) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of the goods and services for the purpose of the health service in England must be greater than its income for the provision of goods and for any other purposes. The Trust can confirm it has met these requirements.

Insurance Cover - The Trust has purchased Officer and Liability Insurance that covers all officers of the Trust against any legal action, as long as the officer was not acting outside their legal capacity.

Political and charitable donations - No political or charitable donations were made during the year.

Accounting policies for pensions and other retirement benefits - Past and present employees are covered by the provisions of the NHS pension scheme. The scheme is accounted for as a defined contribution scheme. Further details are included in the accounting policies notes to the Trust's annual accounts.

Overseas operations - The Trust has no overseas operational activity and has received no commercial income from overseas activity during the year.

Statement as to disclosure to auditors - Each director at the time of approving this report has confirmed that, as far as the director is aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware. The director has taken all the necessary steps in order to be aware of the relevant audit information and to establish that the Trust's auditor is aware of that information.

Counter Fraud Policies and Procedures – The Foundation Trust's counter fraud arrangements are in compliance with the NHS Standards for Providers: fraud, bribery and corruption. These arrangements are underpinned by the appointment of accredited Local Counter Fraud Specialists and a Trust-wide countering fraud and corruption policy. An annual counter fraud plan identifying actions to be undertaken to create an anti-fraud culture, deter, prevent, detect and, where not prevented, investigate suspicions of fraud, is produced and approved by the Trust's Audit Committee.

Sustainability

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets, we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

In order to fulfil our responsibilities for the role we play, the Trust has the following sustainability mission statement in its Sustainable Development Management Plan (SDMP):

"**York Teaching Hospital NHS Foundation Trust strives to actively encourage, promote and achieve environmental sustainability in all that it does."**

As a part of the NHS, public health and social care system, it is our duty to contribute to the targets set by the Climate Change Act 2008 and this Trust has a Board commitment to sustainability and carbon reduction in line with the Act's targets.

The NHS Long Term Plan (2019) states that whilst the carbon footprint of health and social care as a whole has reduced by 19% since 2007 (despite a 27% increase in activity), this leaves a significant challenge to deliver the Climate Change Act target of 34% by 2020 and 51% by 2025. In October 2020, delivering a Net Zero National Health Service report was published, with further guidance on delivery expected this year. This Trust has started work on developing a Green Plan which aligns with the new guidance for delivering the NHS Net Zero targets and this will be finished in the year 2021/22.

Policies

In order to embed sustainability and carbon reduction within our business it is important to explain where in our processes and procedures sustainability features.

Area	Is sustainability considered?
Travel	Yes
Business Cases	Yes
Procurement (environmental and social aspects)	Yes
Suppliers' Impact	Yes

Our organisation currently embeds sustainability is through the use of a Sustainable Development Management Plan (SDMP). The action taken in relation to this Trust's Board approved SDMP is reviewed annually so our plans for a sustainable future are well known within the organisation and are clearly lay out. The Chief Nurse is the Board level lead for

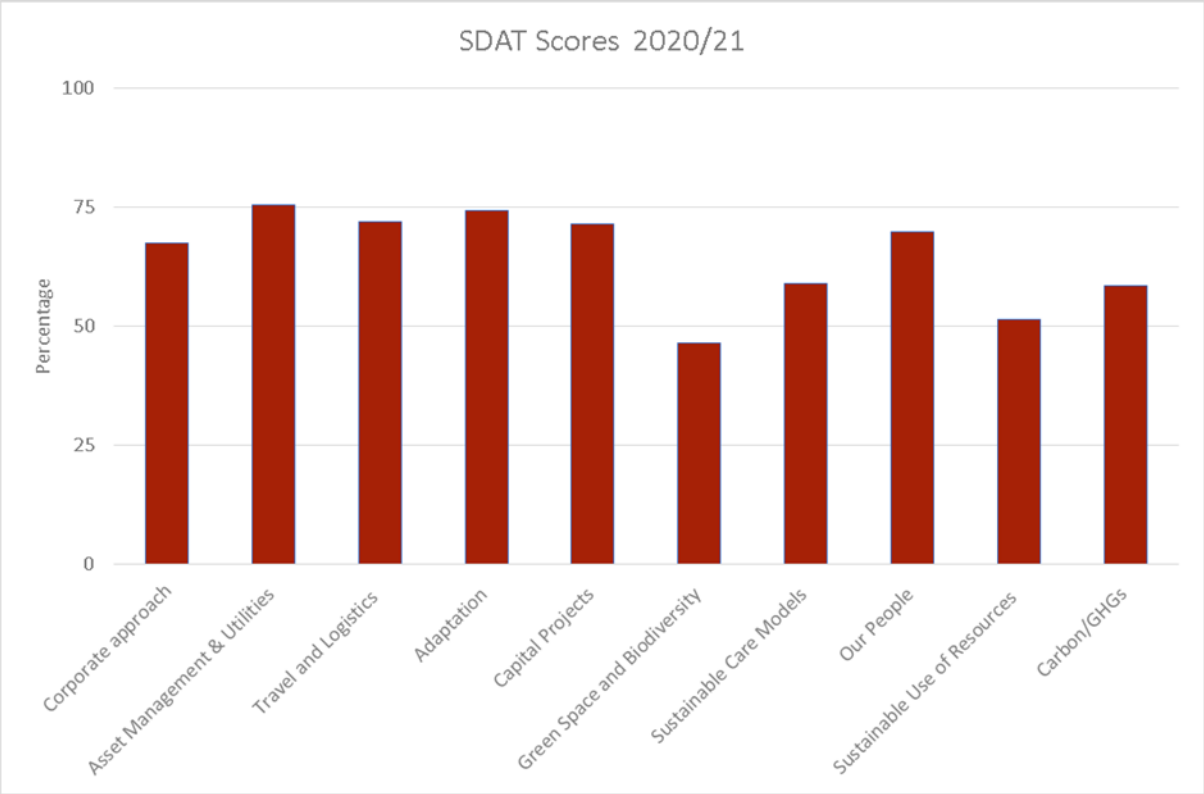
Sustainability and, over the last year, the work has progressed through the Trust wide Sustainable Development Group (facilitated by the Head of Sustainability) with updates included in the Board Assurance Framework.

This sustainability commitment includes measuring carbon reduction, environmental, Social and economic impacts through the Sustainable Development Assessment Tool (SDAT) and the NHS Sustainability Reporting Portal.

Our organisation adopts a sustainability impact assessment during business case development, which leads on to a procurement process incorporating a specification and tender evaluation award. The Sustainability Impact Assessment is a mandatory part of business cases and contract award procedures require evidence of the account taken in relation to the Public Services (Social Value) Act.

One of the ways in which we measure our impact as an organisation on corporate social responsibility is through the use of the SDAT. The last time we used SDAT was in March 2021, scoring 65% (as compared with, 62% in 2020, 55% in 2019 and 49% in 2018).

Sustainable Development Assessment Tool (SDAT) Results for March 2021



During the last 12 months progress on sustainability initiatives has been slower due to the impact of the Covid-19 pandemic but there have been some improvements in the SDAT scores for Asset Management and Utilities and Adaptation. These increases are from actions such as buying green electricity since April 2020 (one year ahead of the NHS Standard Contract requirement) and in Adaptation, with the issuing of a new Adverse Weather Plan that provides the procedures for dealing with different extreme weather scenarios including procedures and advice for staff on how to keep clinical areas cool in the event of hot weather, and how to report high and low indoor temperatures.

As an organisation that acknowledges its responsibility towards creating a sustainable future, we undertake awareness raising events and campaigns that promote the benefits of sustainability to our staff. It is the personal responsibility of all staff to ensure that the Trust's resources are used efficiently with minimum wastage throughout their daily activities. This is now in all new job descriptions (since 2017). In 2019 a network of Green Champions was established across the whole of the Trust, to help generate new ideas and promote resource efficiency.

United Nations Sustainable Development Goals (SDGs)

The SDAT process also identifies which Sustainable Development Goals are being tackled that contribute to the UK's national contribution to this UN commitment (see the table below).

The Trust attaches great importance to sustainability and Corporate Social Responsibility. Our statement on modern slavery is available to view here.

Adaptation

Climate change brings new challenges to our business, both in direct effects to the healthcare estates, but also to patient health. Examples of recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts etc. Our Board approved SDMP makes reference to the plans to address the potential need to adapt the delivery of the organisation's activities and infrastructure to climate change and adverse weather events.

Formal emergency planning procedures are in place to deal with any adverse weather circumstances which include current and future climate change risks. Events such as heatwaves, cold snaps and flooding are expected to increase as a result of climate change. To ensure that our services continue to meet the needs of our local population during such events we have developed and implemented a number of policies and protocols in partnership with other local agencies.

The Emergency Planning Steering Group (EPSG) maintains a risk register, including the risks of severe weather such as flooding, heatwave etc. Issues arising from these risks can include risk to life, damage and disruption to properties, utilities and infrastructure, short term homelessness and increased admissions and hospital attendances. The EPSG also tests, reviews and monitors related plans and policies such as the Incidence Response Plan, and Adverse Weather Plan.

Work, during the last year, has included a review of the Heatwave and Cold Weather Plans to create a single Adverse Weather Plan that incorporates the plans for heatwaves, cold weather, flooding and air pollution. The Adverse Weather Plan provides temporary mitigation measures to respond to the effects of short notice and short term climatic events and is not responsible for long term, permanent solution projects such as upgrading infrastructure environmental control and heating systems. The plan does however provide data collection opportunities to inform longer term capital planning, risk identification and mitigation. Data collected during the implementation of the Adverse Weather Plan will be included in the annual report submitted by the Emergency Planning Manager to the Executive Committee and will be shared with the Head of Sustainability. This information will then be used to provide historical data sets to inform future capital, estate and maintenance planning.

In addition to the above, the Trust's Sustainable Building Design Guide was introduced in 2018 to provide guidance on the measures which can be taken to reduce the impact of the changing climate for all Trust new build and refurbishment work.

Sustainable Care Models

The Trust works with partners in the health and care system to reduce environmental impact, promote prevention and self-care.

Anaesthetic gases used in surgery such as desflurane and sevoflurane have very high CO2 equivalent values (CO_2e). Desflurane is the most environmentally harmful, with a Global Warming Potential (GWP) of 3.72tCO_2e/litre (3720 times that of CO_2e). Sevoflurane is a viable alternative to desflurane in many clinical situations and has a significantly lower GWP of 0.2tCO_2e/litre.

The NHS Standard Contract for 2020/21 (SC18) requires that desflurane use be limited to less than 20% by volume in relation to sevoflurane. In 2018/19 desflurane use by this metric was 38.2% in 2018/19 and 8.4% by 2019/20, well below the requirement.

In 2019, sustainability staff were invited to a meeting of Trust anaesthetists to assist in highlighting the carbon savings that could be achieved by decreasing the use of desflurane. This meeting resulted in a commitment from anaesthetists to reduce the use of desflurane in operating theatres, in favour of sevoflurane (where clinically appropriate) to reduce the environmental impact of anaesthetic gases.

The Carbon savings achieved from the changes are presented below, showing a reduction of 124 tCO_2e (35%) in total Desflurane and Sevoflurane emissions between 2018/19 and 2019/20, with a 45% reduction in Desflurane use. This work is ongoing and the data for 2020/21 to date shows further reductions that will be provided in the 2021/22 Trust Annual Report.

Desflurane and Sevoflurane use and associated emissions

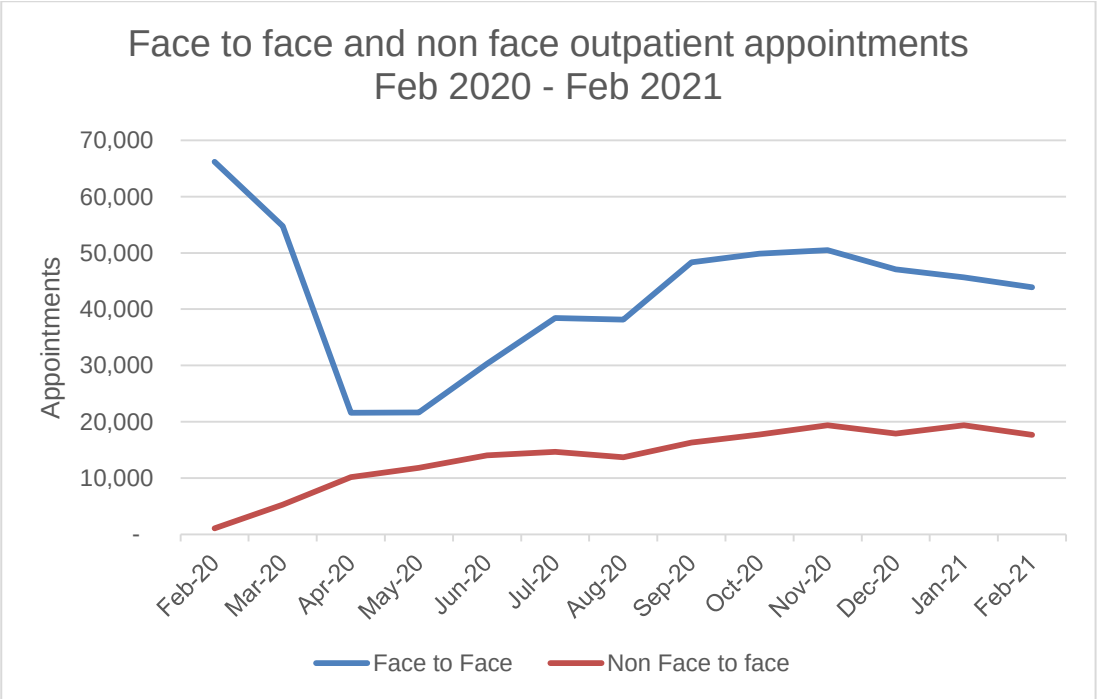
Anaesthetic Gases	2018/19	2019/20
Desflurane volume used (Litres)	87	39
Desflurane emissions (tCO2e)	324	144
Sevoflurane volume used (Litres)	141	422
Sevoflurane emissions (tCO2e)	28	84
% Desflurane	**38.16%**	**8.42%**
Total emissions (tCO2e)	352	228
Total emissions reduction 2018/19-2019/20 (tCO2e)		**124**

Table 1: C02e emissions from Desflurane and Sevoflurane across the Trust 2018/19-2019/20

Between 2009 and 2019 hospital outpatient visits increased from 54 to 94 million annually across the NHS, at a cost of £8billion. The NHS Long Term Plan (v1.2 2019) outlines the intentions for a fundamental redesign of outpatient services across the health service which is expected to deliver a one third reduction in face-to-face outpatient appointments by 2023/24. A key element of this redesign is to incorporate video and telephone appointments into the services that Trusts provide.

The Trust began a pair of concurrent video appointment trials in January 2020, to provide a range of departments with the technology to offer remote consultations to patients. It was intended that that these trials would inform a larger rollout of video appointments over the following months. However, the impact of Covid-19 on outpatient services across the country was such that there became an immediate, pressing need for non-face-to-face appointments. Staff across the Trust has worked tirelessly to increase the availability of these appointments and as a result 25% of appointments between March 2020 and February 2021 have occurred either by telephone or video appointment as compared to less than 2% in February 2020.

In addition to the £1 billion that is expected to be saved across the NHS as a result of this target being met and the numerous benefits for patients, it also has the opportunity to reduce local air pollution and the CO_2e emissions resulting from patients travelling to appointments unnecessarily. A total of 179,000 non-face-to-face appointments were conducted in the period between February 2020 and February 2021 which based on Trust travel survey data and average vehicle emissions derived from government carbon factors, resulted in a carbon saving of more than 900 tCO_2e.



GIRFT (Getting it Right First Time) is a developing work stream that looks at the best clinical practice across the NHS. This Trust's GIRFT programme is managed by an internal programme management team comprising of the Deputy Medical Director, Programme Lead and Programme Lead support.

The aim of the GIRFT programme is to identify best clinical practice and share this across other NHS organisations that may be struggling to address similar issues. GIRFT has a national website where best practice case studies are highlighted and we have contributed to this repository in certain specialties.

Internally, we have been looking at our litigation data and reviewing how we use this data to inform the local safety programme across the Trust. In addition, we have produced an annual report that highlights key actions required post GIRFT visits and areas of good practice across over clinical areas.

The GIRFT programme work is reported through to a GIRFT Assurance Board on a quarterly basis with the Director of Finance chairing the meeting and supported by representatives from resource management team, the regional GIRFT lead and members of the operational team.

Capital Projects

A Sustainable Building Design guide was introduced in 2018 to incorporate capital project procedures and sustainability checklists, together with the objectives to achieve Building Research Establishment Environmental Assessment Method (BREEAM) 'Excellent'/'Very Good', including the need to gain 'innovation credits' in the field of sustainable performance by incorporating innovative technology where practicably feasible and economically viable to do so, also tackling issues around resilience, biodiversity and the use of green space. The use of the Design Guide embeds sustainability into work to refurbish and develop the estate through the use of a whole life costing approach which will help to reduce running

costs and future proof the organisation. Currently the Design Guide and the process for achieving BREEAM ‘Excellent’ is part of the ongoing work for the proposed Scarborough emergency department development.

The Trust’s capital project meetings include input from the Head of Sustainability together with the Trust’s Estates Strategy which also includes a section on sustainability and sets out how the Trust’s buildings can serve the needs of the sustainable healthcare in the local community.

The Trust procurement for a minor schemes contractor was awarded to contractors that would benefit the local economy and social value outcomes (e.g. engagement of local small businesses, local labor, certified considerate construction, and local skills development). These principles are also embedded into the design specification for the proposed vascular imaging unit (VIU). The Trust will also be ensuring that the new VIU facility is accredited using BREEAM.

Our People

The Trust has continued to expand the suite of support for all staff during the last year, and a lot of this support has been in response to the added challenges that the global pandemic has brought. Enhanced support both locally and nationally has focused on maintaining wellness in addition to identifying employee’s level of individual risk factors in relation to Covid-19.

Changes in working practices were supported to increase the opportunities of working from home where appropriate and complying with government guidance to keep staff safe within the workplace, thereby reducing the commute mileage for staff. Food parcels and free lunch packs were available to maintain health and wellbeing of ward-based staff particularly, during the early months of the pandemic.

The Trust has been very much aware of the impact on staff’s mental health and additional resources have been available to support the workforce. Health support has moved more virtually with health checks, virtual activity sessions and weight management, eating well, and being active workshops all moving on-line and being more easily accessible.

There have been traumatic events that will stay with staff for years to come and the Trust has sought to catch up with all staff that have been present during these events to offer support at an early stage to try and rationalise events and signpost staff for further support as required. This has been undertaken in a structured way through a risk assessment following such events.

Finally, the Trust has also developed a ‘prompt sheet’ to assist managers when they are re-integrating staff back into their substantive roles. Some staff have been redeployed in response to the pandemic, whilst other staff groups included shielding staff, those with Covid-19 related absence and some that remained in their substantive roles. Bringing staff all back together will present its own challenges at different times and the prompt sheet helps managers to be aware of possible flash points and how and where they can get further support.

Green Space and Biodiversity

Supporting access to green space has benefits for mental and physical wellbeing. It also can lead to improved air quality, noise reduction, and supports the local biodiversity, to combat some of the impacts of our changing climate.

The Trust's Sustainable Design Guidance highlights the need to give consideration to green walls and green roofs. These additions have biodiversity benefits, as well as improving the appearance, reduce the impact of surface water flooding and surface water drainage, provide insulation and can also protect underlying building materials from increasing rainfall intensity. Any new building schemes under development will now follow this guidance. Discussions are on-going over the opportunities to enhance the local biodiversity through planting in the vicinity of the new Scarborough emergency department development.

Over the last year work has started to introduce over 20 wellbeing garden spaces across the Trust. These gardens address concerns highlighted in a recent survey around staff and patient outdoor areas for seating, interaction and reflection.

The wellbeing gardens scheme is funded by York Teaching Hospital Charity who received a £200,000 donation from Yorkshire artist Harland Miller. In response to the pandemic he sold 250 copies of his 'Who Cares Wins' limited his edition prints. The Trust was one of four beneficiaries. It was decided by the Charity Governance Committee that the donation would be used to improve wellbeing space and gardens across the Trust, provide increased opportunity for staff, patients and visitors to spend time outside. In addition to this, York Rotary Club held a virtual Dragon Boat Race and donated over £20,000 towards the creation of a wellbeing space and John Lewis York has also contributed £1,000 to the project.

The funding application was based on the gardens ability to fulfil the wellbeing framework – connect with other people, be physically active, learn new skills, give to others and mindfulness. Five of these will be flagship green spaces, designed as part of the wider initiative, creating therapy, sensory and seated undercover spaces for staff, patients and visitors. All the gardens are part of a collaborative process between teams from estates, sustainability, fundraising, arts, staff benefits, capital planning, patient experience, finance, accessibility and the staff who applied and are developing the green wellbeing spaces.

There are also specific areas that staff are working to develop to promote biodiversity and natural wild life flowers such as in the Scarborough Hospital therapy garden and a member of staff who is keeping watch over the Bee Orchid plants in Scarborough.

Partnerships

The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for us as a provider, evidence of this commitment will need to be provided in part through contracting mechanisms. Strategic partnerships are established with the following organisations: Humber, Coast and Vale ICS and the CCGs, North Yorkshire County Council, and City of York Council and its partners.

The Trust's Sustainable Development Group has continued to deliver sustainability communication and engagement work through a range of events and activities across several sites e.g. personal travel planning and active travel advice, National Clean Air Day,

and staff messages on a variety of sustainability and carbon/ reduction measures. Many of these activities have been undertaken in partnership with others, for example local councils, Citizens Advice, contractors and are often based on best practice from other trusts and the Greener NHS (formerly the national Sustainable Development Unit).

All of our partners are working to reach Net Zero by 2050 in line with the Climate Change Act. Some organisations such as City of York Council have gone further and set more ambitious targets such as a 2030 Net Zero target for scope 1 and 2 emissions. Through the York and North Yorkshire Local Enterprise Partnership and the Humber Coast and Vale ICS, we share best practice and ideas so that all groups can make progress and achieve some economies of scale.

Performance - Organisational change

Sustainability has to be considered in the context of the challenges facing the NHS. With an ageing population, obesity rates among the highest in Europe and an increasing proportion of patients with multiple chronic conditions, the backdrop is challenging. In 2019/20, the Trust added 6500m^2 to its estate in comparison to 2018/19 and whole time equivalent staff numbers have increased by 18% over the past four years.

Units	2016/17	2017/18	2018/19	2019/20
m3	191,234	158,642	156,646	163,329
Number of (FTE) Staff	6,968	8,313	8,113	8,276

The NHS Standard Contract sustainability section (SC18) outlines key initiatives for the coming years and the Trust is working to achieve these targets.

The Trust has supported the long-term commitment of the NHS to becoming carbon neutral by:

- Historically making significant reductions to our carbon emissions by installing combined heat and power plants at our major sites, along with improvements to insulation, lighting and heating controls.
- Encouraging staff to use the travel hierarchy and consider alternatives to travelling by car as a sole occupant.
- Considering our procurement options and undertaking sustainability impact of all new business cases.
- Ensuring that as much of our waste as possible is recycled or used in waste to energy plant.
- Encouraging increased use of teleconferencing to reduce inter-site travel.
- Using the material reuse portal “Warp It” to reduce waste and procurement cost and save carbon emissions by encouraging internal reuse of items.
- Running ‘switch off’ campaigns to encourage staff to reduce energy use and increase engagement.
- Through groups of key staff reviewing energy use.
- Working with theatres staff to encourage reduction in the use of Desflurane in favour of more environmentally friendly anaesthetic gases.
- Working to increase access to patient teleconferencing/videoconferencing to reduce unnecessary travel for patients.

The Trust will continue to support the transition to Net Zero through further measures such as the requirements of the NHS Standard Contract, The NHS Long Term Plan and the Delivering a Net Zero NHS strategy document that was published in October 2020. Further details about these targets and how they will be achieved are set out in the Trust's Green Plan.

Energy

Trust reported carbon emissions from energy have increased by 5.7% between 2018/19 and 2019/20, following a reduction of 12% from 2016/17-2018/19, this is due to an under reporting of gas use in 2018-19 as a result of billing issues which was compensated for by a 6.2% increase in reported usage in 2019-20. Electricity use also increased by approx. 3.5% but this is likely to be as a result of the increase in floor area from the introduction of the new endoscopy building at York Hospital. Oil use also shows a significant increase but this is actually a record of oil bought in the year when the price dropped and most of this is now stored for use by back-up generators.

Patient contacts increased during this period by 5% during this period and emissions per patient contact increased less than 1%.

Resource	kWh/tCO2e	2016/17	2017/18	2018/19	2019/20
Gas	Use (kWh)	70,495,528	73,615,758	69,598,117	73,941,860
Gas	CO2 emissions (tCO2e)	14,733	15,608	14,583	15,559
Electricity	Use (kWh)	9,579,760	6,629,918	7,422,655	7,688,289
Electricity	CO2 emissions (tCO2e)	4,951	2,955	2,618	2,429
Oil	Use (kWh)	-	-	188,370	814,028
Oil	CO2 emissions (tCO2e)	-	-	60	257
Metric	Unit	2016/17	2017/18	2018/19	2019/20
Total Emissions from Energy	(tCO2e)	19,683	18,563	17,261	18,245
Emissions per patient contact	(kgCO2e)	15.1	14.5	14.9	15.0
Total Energy Spend	(£)	£2,660,680	£2,796,746	£2,856,730	£2,630,580
Additional CRC Cost	(£)	£125,250	£115,793	£103,486	£0

The Trust has previously made cost and carbon savings by installing CHPs at its largest sites. However, the grid has rapidly decarbonised over the past several years and whilst the CHPs still provide financial savings, the electricity they produce is no longer less carbon intensive than grid imports.

Total energy spend decreased by £235,000 due to low unit costs for gas which compensated for the high yearly consumption.

Whilst the majority of the Trust's carbon emissions were reported through the mandatory Carbon Emission Reduction (CRC) scheme until its termination at the end of 2018/19, York Hospital emissions have been reported under the mandatory European Union Emissions Trading System (EUETS) as the site has boilers sized for a gas input of more than 20MW for the production of thermal energy.

This year EUETS is being replaced with a UK ETS scheme and we are awaiting confirmation of the new scheme carbon costs.

EUETS Charges 2016/2019	
Year	Cost
2017	£9,839
2018	£11,202
2019	£29,949
2020	£54,255

During 2019/20, the Trust reviewed the size of its gas boilers at York Hospital to determine how they could be more closely matched to the actual heat demand. Potentially, the Trust could replace the oldest largest boiler with a much smaller boiler, or give consideration to installing heat pump technology and start to de-steam the site, so that the Trust's emissions would fall below the ETS threshold but with the uncertainty of the current level of charges for the UK ETS scheme, the Trust is waiting to determine the extent of the financial savings. Once the savings are known the business case will be drawn up for further consideration.

In 2019 the Trust successfully applied for the fully funded sub-metering programme from the BEIS Modern Energy Partners Programme which has resulted in a programme of installation of metering and telemetry being installed in April 2021.

Re-use of goods and equipment

The re-use of goods and community equipment in the NHS has several key co-benefits: reducing cost to the NHS, it also reduces emissions from procuring and delivery of new goods and can provide social value when items are re-used in the community.

The Trust implemented a re-use portal in December 2019. The portal allows staff within the Trust to donate and claim items, such as furniture and redistribute to other users in the Trust. Using the system saved the Trust £4,800, nearly 3,000kg of CO_2e and avoided 800kg of materials being turned into waste in the first three months of use. The Covid-19 pandemic and the associated changes to working practices and infection prevention guidelines have reduced uptake of the portal since March 2020 and total savings to date (March 2021) were £6,600, 3,800kg of CO_2e emissions and 1,100kg of waste saved from disposal.

Plastic straws have been removed from Trust restaurants and from regular meal service. (A small number of plastic straws are still used by patients who require a flexible necked straw). Work is underway to remove single use plastics and introduce compostable alternatives, as well as to encourage staff to bring their own reusable products. The Trust signed the NHS Plastics Pledge in March 2020, committing to reducing the number of single use plastics used in the Trust.

Paper

The movement to a paperless NHS can be supported by staff reducing the use of paper at all levels: this reduces the environmental impact of paper, reduces cost to the NHS and can help improve data security.

In 2018 the Trust introduced unbleached 100% recycled paper. 2017/18 was the first year we quantified our paper use and this equated to 71 tonnes of paper. In 2019/20 88 tonnes were used. This increase is largely due to increased availability of data.

As with many Trusts, we are currently in a transition period between paper and electronic patient notes and, as this transition accelerates, we should see reductions to our overall paper use.

Travel and Logistics

The tables below outline the number of miles and CO_2e emissions for each transport category.

Table 1: Transport emissions excluding staff commute and patient and visitor travel

Category	Units	2016/17	2017/18	2018/19	2019/20
Fleet, Pool and Hire vehicles	Miles	251,523	465,921	1,300,269	1,598,893
Fleet, Pool and Hire vehicles	tCO2e	76	134	378	456
Business travel	Miles	1,822,286	2,367,844	2,603,816	2,705,410
Business travel	tCO2e	659	844	1,006	968
Business travel via active/public transport	Miles	599	242,970	293,778	594,642
Business travel via active/public transport	tCO2e	-	22	28	104
Owned Electric and PHEV Mileage	Miles	29,790	83,845	83,845	114,722
Owned Electric and PHEV Mileage	tCO2e	4	10	10	14
Annual Total	**Miles**	**2,104,198**	**3,160,580**	**4,281,708**	**5,013,667**
Annual Total	**tCO2e**	**738**	**1,010**	**1,422**	**1,542**

Table 2: Transport emissions – staff commute and patient and visitor travel

Category	Units	2016/17	2017/18	2018/19	2019/20
Patient and Visitor Travel	Miles	72,663,605	71,250,551	64,692,128	67,950,750
Patient and Visitor Travel	tCO2e	26,261	25,388	24,991	24,313
Staff Commute	Miles	19,447,688	23,201,583	22,643,383	23,098,316
Staff Commute	tCO2e	5,713	5,364	4,606	4,500
Annual Total	**Miles**	**92,111,293**	**94,452,134**	**87,335,511**	**91,049,066**
Annual Total	**tCO2e**	**31,974**	**30,752**	**29,597**	**28,813**

The Trust emissions from its fleet have increased over the past four years, this is also reflective of increases to the scope of data we now have available to use. For example, the Trust only has hire car data from 2018/19 onwards which alone contributes over 500,000 miles in 2019/20.

We can improve local air quality and improve the health of our community by promoting active travel to our staff and to the patients and public that use our services, and by converting the vehicles used in connection with the Trust services to electric.

The Trust has already implemented a CO2 cap on all new business leases and this limit will be reviewed and reduced annually.

The 2019 Trust Travel Plan (which is currently being reviewed) takes account of the NHS Long Term Plan targets and the recent staff and patient/visitor travel surveys. The Travel Plan has five aims around which various targets and prioritised actions have been developed:

1. To support and encourage healthy and active travel.
2. To reduce travel related pollution and traffic congestion.
3. To reduce single occupancy car journeys.
4. To ensure that there is fair, consistent and adequate provision of transport and travel choices for all staff, patients and visitors.

5. To contribute to the Trust wide environmental sustainability agenda.

Work has continued to promote healthy and active travel through a range of online promotions to staff at our York and Scarborough hospital sites (in conjunction with City of York Council and North Yorkshire County Council). This work has been supplemented with new additions such as:

My PTP tool: My PTP (provided by Liftshare as part of the car journey sharing software package), is a free travel-planning tool that offers staff an opportunity to input their work commute/journey and be sent all available travel options and information including duration, outbound and return journey details, maps, calories burned etc. Launched in December 2020, 73 staff had used this tool and downloaded personalised travel plans as of March 2021.

Electric Scooters (York): In December 2020 York Hospital has provided electric scooter parking bay and has become a network location in the new City of York Council (Department for Transport approved) electric scooter scheme. Based on a pool-bike concept, the network will be fully established across York by mid 2021 and will offer a new option for people to travel to the hospital. This will offer an additional, fully electric, low carbon travel option for patients and visitors. Uptake of the scooters will depend on the success of the general scheme and the continual rollout of further parking bays across York. There is no financial risk to the Trust, the scheme is wholly run by the operating service TIER.

The 2017 NICE Guidance (NG70) on Air Pollution: Outdoor Air Quality and Health, which covers road-traffic related air pollution and its links to ill health, has served to highlight the need for action based on the links between action to improve air quality and the prevention of a range of health conditions and deaths. In October 2020 the Trust recorded its current status on NG70 as 'Partially compliant with an action plan'.

Air quality monitoring work with City of York Council (CYC) and North Yorkshire County Council around the York and Scarborough sites showed low air pollutants below legal limits in 2019. The Trust participates in National Clean Air Day promotions with the Council on an annual basis, with a focus on encouraging modal shift towards more sustainable transport options and reducing idling of stationary vehicles on site.

The York Hospital Park and Ride was established in April 2019 to provide staff and visitors with the opportunity to park on the outer ring road and travel directly to the hospital. The bus service helps to reduce local emissions in peak periods and improve the hospital car parking availability for those who need it. The increasing numbers of use by both staff and visitor users combined with the positive feedback about the service led to agreement to continue this service for at least a further three years from April 2020. Passenger numbers declined in 2021 due to Covid-19, which affected all public transport patronage and changed staff/patient travel habits and working patterns. However, plans will be made to prioritise promotion of the service once social distancing restrictions are lifted in summer 2021. Public confidence in bus services and the associated modal shift will take time to return, but we will push to make the bus a sustainable travel option for staff and patients/visitors and relieve pressure on the hospital car parks.

The Trust continues to use Liftshare (a car journey sharing platform) where colleagues can travel together to work and compensate the driver for petrol. This has a number of benefits:

1. Reduced cost of travel for staff.
2. Reduced single occupancy car journeys and associated emissions.
3. Increased availability of on-site parking.

As of March 2021, the Trust Liftshare scheme had 546 members; exceeding the 468-member target set in the Travel Plan (a new target will be set in the 2021 edition, accounting for ongoing capital projects and post-Covid-19 fallout).

The Trust is also working in partnership with NHS Supply Chain to reduce the number of single supplier deliveries and consolidate to a smaller the number of deliveries that are made to site.

Waste

Total waste increased by 51 tonnes (2.2%) between 2018/19 and 2019/20, during this time patient contacts increased by 5% and there was a reduction in waste volume per patient contact.

Total emissions from waste dropped from 127 tCO_2e in 2018/19 to 55 tCO_2e in 2019/20 (a 56% decrease). This is due to all incinerated waste going into a waste to energy facility and continues a trend in reductions which have led to a decrease in emissions from waste of almost 80% between 2016/17 and 2019/20.

Landfill waste continues to fall, the Trust only sent 14 tonnes of waste to landfill in 2019/20, a 79% decrease on the previous year, whilst recycling rates decreased by 2.2%.

Trust waste overview 2016/17-2019/20

Category	Units	2016/17	2017/18	2018/19	2019/20
Recycling	Weight (Tonnes)	599	645	615	576
Recycling	tCO2e	13	14	13	12
Recycling	Cost (£)	£60,829	£81,947	£73,888	£74,346
Other Recovery	Weight (Tonnes)	938	1,371	1,364	1,786
Other Recovery	tCO2e	20	30	29	38
Other Recovery	Cost (£)	£185,157	£298,161	£536,157	£961,345
High Temperature Disposal (no recovery)	Weight (Tonnes)	253	-	279	-
High Temperature Disposal (no recovery)	tCO2e	56	-	61	-
High Temperature Disposal (no recovery)	Cost (£)	£94,790	£0	£382,397	£0
Landfill	Weight (Tonnes)	590	613	67	14
Landfill	tCO2e	183	211	23	5
Landfill	Cost (£)	£175,144	£186,183	£13,413	£30,384
Total Waste	**Tonnes**	**2,380**	**2,629**	**2,325**	**2,376**
Total CO2 from Waste	**tCO2e**	**271**	**255**	**127**	**55**
Other Waste Costs	Cost (£)	£0	£0	£113,818	£640,546
Total Waste Costs	**Cost (£)**	**£515,920**	**£566,291**	**£1,119,673**	**£1,706,621**
Proportion Recycled or Reused	**%**	**25.17%**	**24.53%**	**26.45%**	**24.24%**

Members of staff from the Trust undertook a visit to Allerton Park Waste Recovery centre, where the Trust non-recyclable domestic waste is now converted to energy via incineration and the energy produced is supplied to the local grid as electricity. Food waste is converted

to compost in an anaerobic digestor, which provides additional electricity to the grid. The Trust's confidential waste is recycled and repurposed as toilet roll.

Water and Sewerage

Water use and associated emissions increased by 20.2% between 2018/19 and 2019/20. Patient contacts have increased by 5% during this period and there has been an increase in pipework flushing to reduce the risk of legionella and other waterborne infections. The Trust will be undertaking a shutdown survey to check for leaks or other causes of the increase beyond the expected increase due to extra flushing at Scarborough.

Category	Units	2016/17	2017/18	2018/19	2019/20
Mains Water and Sewerage	m3	270,981	287,488	297,250	358,217
Mains Water and Sewerage	tCO2e	247	262	271	326
Mains Water and Sewerage	Cost (£)	£558,727	£609,078	£675,883	£828,219

Water consumption is usually monitored and reported internally at all sites on a monthly basis. The issues at Scarborough have been difficult to resolve during the Covid-19 contingency period but it hoped they can be resolved early in 2021.

Mandatory Carbon Emission Reporting

Trust CO_2 equivalent emissions are outlined below. The Trust records CO_2 equivalent (or CO_2e) emissions under three different scopes, Scope 1, 2 and 3, as required. The table below lists what is included in each Scope as sources of CO_2e, and the quantities in each category.

Scope 1 emissions are those produced directly on our estate such as the emissions of owned vehicles, gas and anaesthetic gases. Scope 2 is emissions from the electricity we import from the grid, with Scope 3 accounting for indirect emissions such as our business travel and the items that we buy.

Total Trust emissions 2019/20

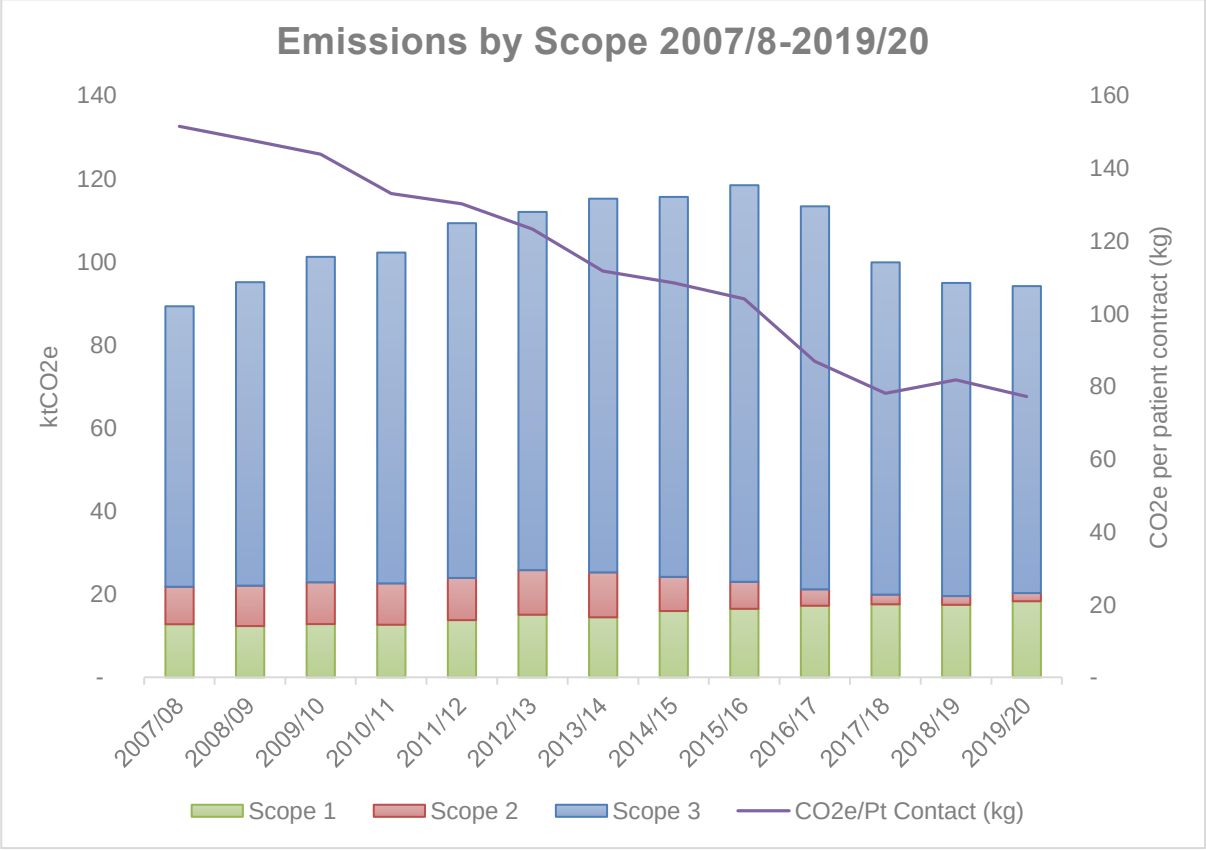
Scope	Category	Carbon Emissions (tCO2e)
Scope 1 (Direct)	Gas	13,594
	Oil	209
	Coal	-
	Owned Vehicles	456
	Anaesthetic Gases	4,071
	Subtotal	18,330
Scope 2 (Indirect)	Thermal Energy (Net of any imports)	-
	Electricity (Net of any imports)	1,965
	Subtotal	1,965
Scope 3 (Indirect)	Procurement	41,010
	Travel (and well to tank)	30,003
	Waste	55
	Energy - WTT and T+D	2,477
	Water	326
	Subtotal	73,871
Overall	**Total**	**94,167**

The Trust has improved access to reporting data and new methodologies have been applied for calculating emissions in 2019/20, with reported figures for several categories such as travel and procurement being updated as a result. This has been applied to historic emissions where possible to maximise consistency and only impacts Scope 3 emissions.

In 2019/20 total CO_2e emissions reduced by 760 tonnes (0.8%) from 2018/19 which continues a trend of reductions that have resulted in a decrease in emissions of more than 20% since 2015/16 with per patient emissions falling by 49% between 2007/8 and 2019/20 (smaller reductions than had been previously reported due to updated information). This is the fourth consecutive year that the Trust has been able to report a reduction in carbon emissions.

With gas contributing 67% of our combined scope 1 and 2 emissions and 14.4% of total emissions, it is clear that this is an area where significant reductions need to be made in order to meet NHS carbon reduction targets. Procurement contributed 44% of all Trust emissions; whilst the Trust can influence this spend, the NHS supply chain will be critical to reductions in the area, especially as there are central targets to increase the proportion of items Trusts buy via this route.

Trust emissions by scope 2007/8 to 2019/20



Despite these successes, progress needs to be accelerated. The “Delivering a Net Zero NHS” document published in October 2020 details the targets to reduce the NHS Carbon Footprint (scope 1 and 2 emissions, business travel and upstream energy distribution) by 80% by 2032 and the NHS Carbon Footprint Plus (all emissions) by 80% by 2039 from a

1990 baseline. In order to reach these targets, year on year reductions of 6.5% and 4.3% respectively will be required.

In the News – Moments in Our Year

In this last year our work has been dominated by Covid-19.

Covid-19 has presented the NHS with the greatest challenge it has faced since its creation. However, our health service - through our skilled and dedicated staff - is renowned for the professional, flexible and resilient way that it responds to adversity and as an entire Trust we have pulled together, as one, in a coordinated effort.

As a Trust we are incredibly proud and thankful for everything our staff have done, and continue to do, in the face of pressure and challenges of the global pandemic.

We are humbled by their strength, resilience and tenacity.

April 2020

Keeping patients and their families connected

In April technology provided vital communication in the most difficult of circumstances for patients suffering from Covid-19 when visiting was not allowed on hospital wards, with the introduction of iPads, mobile phones and virtual visiting. These new ways of visiting helped ensure families could stay in touch with loved ones when they needed them most.

Knitted hearts also kept patients connected. With one small gesture patients and families could stay connected by giving them a small knitted heart - one for the patient and one for the family. The heart stayed with the patient throughout their time in hospital, hopefully to be reunited with their family when they recovered.

May 2020

Long service rewarded

A new commemorative badge was launched for our staff that have completed ten years' service with the Trust.

Staff are already recognised for 25- and 40-years' service and their commitment to the NHS. This new badge reflects appreciation for ten dedicated years of service, which represents a significant milestone in anyone's career.

June 2020

A week of reflection

A week of reflection was held across the Trust from Monday 29 June to mark the loss of the first patient to Covid-19, and to mark the courage and endurance of NHS staff in response to the pandemic.

Staff were invited to look ‘behind the mask’ and take time out to reflect on the effect of Covid-19 on their working and personal lives. During the week, staff were offered extra team support and drop-in psychological wellbeing sessions, and there was a reflective art exhibition in the hospital corridors.

Members of the public were invited to join staff for a two minutes silence during the week, which was accompanied by an online service of reflection conducted by the chaplaincy team.

New equipment for Selby Hospital

In June new high-tech equipment was donated to Selby Hospital, meaning that more patients from Selby and the surrounding area are now able to have their operations and treatment locally.

The Friends of The New Selby War Memorial Hospital and York Teaching Hospital Charity donated over thirty thousand pounds for the hospital to buy an extra operating theatre table. The Friends also funded a diathermy machine, which helps people with muscle and joint conditions.

July 2020

Blue lights for NHS

In July York’s skies turned blue to salute one of the country’s most iconic institutions, the NHS, as it turned 72 on 5 July.

York Hospital joined the City Walls and Clifford’s Tower in lighting up blue around the city, along with national landmarks, as part of a collective memorial across the country.

There is no doubt that 2020 was the most challenging year in NHS history. Lighting up our hospital gave the Trust the perfect opportunity to reflect on everything our communities have endured, stand in solidarity to mourn losses, and thank those who continue to risk so much to keep us safe.

August 2020

Smokefree

In order to help reduce the number of people who smoke and the serious illnesses associated with smoking, the Trust went smoke free on all its hospital and community sites from 1 August 2020.

Going smoke free means a much safer and fresher environment for our patients, visitors and staff, and brings significant benefits for the health and wellbeing of everyone in our hospitals and those using our services.

September 2020

Organ donation

This year's organ donation week, a week-long celebration of organ donation across the UK, began on 7 September and the Trust backed the campaign to help raise awareness. Earlier in the year the law around organ donation in England, known as Max and Keira's Law, moved to an opt-out system to allow more people to save more lives.

All adults in England will be considered as willing to donate when they die, unless they have recorded a decision not to donate, are in one of the excluded groups, or have told their family they don't wish to donate.

October 2020

A Royal visit

In October Her Royal Highness the Princess Royal paid a visit to Scarborough Hospital to see first-hand how the NHS has risen to the challenges of Covid-19 and to thank staff.

Her Royal Highness was met by Her Majesty's Lord-Lieutenant of North Yorkshire, Mrs. Johanna Ropner, Dr Ed Smith, Clinical Director at Scarborough Hospital and Susan Symington, Chair of the Trust.

During the visit The Princess Royal conducted the official opening of the Willow Eye Unit where Her Royal Highness heard how the new unit had seen significant investment in brand new diagnostic equipment and clinical, nursing and technical staff - which has allowed services to expand to meet the demand of the local population.

Bedside lockers

Also in this month the Trust started an eight month roll out of new bedside lockers starting with New Selby War Memorial Hospital, thanks to funding from York Teaching Hospital Charity.

The bespoke lockers have been designed with soft close doors and drawers, and in addition, the colour chosen to be dementia and sight impairment friendly.

The new lockers are more secure for personal belongings, which mean they are suitable for patients to keep their own medication with them. The design has incorporated a high depth medicine drawer built to house the tallest medicine bottle standing up, preventing leakages and mess.

November 2020

'Hello My Name Is …'

In November we reaffirmed our commitment to the Hello My Name Is…campaign.

In 2015 a campaign was started by Dr Kate Granger, a hospital consultant in Leeds whose terminal cancer diagnosis led her to campaign for a more compassionate NHS. The simple '#Hello my name is...' campaign calls for all staff, not only to introduce themselves to patients at every occasion, but to ask patients what they would like to be called.

Putting patients at the centre of what we do is key to our organisation's values and taking the simple step of introducing ourselves to patients by name can make all the difference in building relationships.

December 2020

National 'Elf' Service

In December people were once again invited to join the National 'Elf' Service.

This was a Christmas like no other, so our charity supporters had to get creative as the usual traditional fundraising was difficult - but they did not disappoint! It was a fantastic month full of lots of brilliant festive events which helped raise spirits during difficult times and raised more than £5,000.

The charity helps to funds the extras to improve our healthcare facilities above and beyond the NHS, making patients feel better. They support staff in our hospitals to make the hospital experience the best it can be for all who visit and stay there.

January 2021

Covid-19 vaccines delivered

In January Scarborough and York hospitals joined the national effort to protect people most at risk from Covid-19 by starting to vaccinate frontline NHS staff.

Vulnerable staff and those who were shielding were prioritised, along with patient-facing frontline healthcare workers because of their heightened risk of exposure to the virus.

By early February the rapid uptake meant that the Trust had vaccinated nearly 17,000 NHS staff, other health and social care organisations, hospices, health students and several hundred primary and social care organisations. This is a tremendous achievement, of which we are very proud.

February 2021

Trust name change

During February, following an engagement exercise with our key stakeholders, the public and extensive staff engagement on the matter, we announced that the Trust would be changing its name from 1 April 2021 to 'York and Scarborough Teaching Hospitals NHS Foundation Trust'.

The change will help us be more inclusive for our staff and to move forward as a single organisation. We also believe having a name that better reflects our organisation's purpose will help us with some of our strategic challenges, provide a more honest description of the Trust and improve our connections with all of the communities we serve.

March 2021

Innovative digital hub launched

In March a new digital health hub was launched at Bridlington Customer Service Centre, designed to help more people access their appointments virtually, and save them making unnecessary trips to hospital.

The hub is a 12 month pilot scheme agreed between the Trust, East Riding of Yorkshire Council and East Riding CCG, which enables people to swop their hospital appointments for a virtual one if they are suitable.

During the Covid-19 pandemic many hospital services had to react quickly to offer patients virtual appointments in order to reduce the footfall onto hospital sites and keep people safe. The pilot will be fully evaluated to understand lessons learned to offer a blueprint to expand the service to primary care, other organisations, services and locations.

Accountability Report

2

Directors' Report

Composition of the Board of Directors

The Board membership during the year was as follows:

Executive Directors			
Name	Role	Current Appointment	
		From	To
Susan Symington	Chair	April 2015	Present
Simon Morritt	Chief Executive	August 2019	Present
Andrew Bertram	Finance Director Deputy Chief Executive	January 2009 May 2018	Present
Jim Taylor	Medical Director	October 2015	Present
Wendy Scott	Chief Operating Officer	Sept 2017	Present
Heather McNair	Chief Nurse	July 2019	Present
Polly McMeekin	Director of Workforce and OD	February 2019	Present
Dylan Roberts	Chief Digital Information Officer	August 2020	Present

Non-Executive Directors			
Name	Role	Current Appointment	
		From	To
Jennie Adams	Non-Executive Director Vice Chair	Sept 2012 January 2020	Aug 2020
Jenny McAleese	Non-Executive Director Senior Independent Director Vice Chair	March 2017 May 2019 October 2020	Present Feb 2020 Present
Lorraine Boyd	Associate NED Non-Executive Director	April 2018 July 2018	June 2018 Present
Lynne Mellor	Associate NED Non-Executive Director	April 2018 July 2018	June 2018 Present
Stephen Holmberg	Non-Executive Director Senior Independent Director	July 2019 March 2020	Present
Jim Dillon	Non-Executive Director	July 2019	Present
Matt Morgan	Hull/York Medical School Stakeholder Non-Executive Director	June 2020	Present
David Watson	Non-Executive Director	Nov 2020	Present

The Board of Directors has included an additional non-voting director in the membership of the Board:

Non-voting Directors			
Name	Role	Current Appointment	
		From	To
Lucy Brown	Director of Communications	February 2020	Present

The following changes occurred in the Board membership during the year:

- Jenny McAleese, NED, was appointed as Vice Chair in October 2020;
- Jennie Adams, NED, was appointed as Vice Chair in January 2020 and left the Trust in August 2020;
- Matt Morgan, NED, was appointed as a Stakeholder NED to represent the Hull/York Medical School in June 2020;
- David Watson, NED, was appointed in November 2020.
- Dylan Roberts, Chief Digital Information Officer, was appointed in August 2020.

The gender balance and age profile of the Board at 31 March 2021 was:

	Female	Male
Non-Executive Directors including Chair	4	4
Executive Directors	3	4
Corporate Directors	1	0

Age	No. of Directors
18-39	0
40-49	3
50-59	8
60-69	5
70+	0

Directors' Biographies

Under section 17 and 19 of Schedule 7 of the National Health Service Act 2006, the Chair, Chief Executive, Executive and Non-executive Directors were appointed to the Board of Directors as follows:

Chair – Susan Symington

Appointed 1 April 2015 to 31 March 2018
Reappointed 1 April 2018 to 31 March 2021

Prior to being appointed as Chair of our Trust on 1 April 2015, Susan was a Non-executive Director and Vice Chair of Harrogate and District NHS Foundation Trust. She served on the Board at Harrogate District NHS Foundation Trust from 2008 and continues to act as a Non-executive Director at the Beverley Building Society since appointment in 2013. Susan's executive background is within human resources / organisational development. She was previously HR Director for Bettys and Taylors of Harrogate.

Chief Executive – Simon Morritt

Appointed August 2019

Simon joined the Trust from Chesterfield Royal Hospital NHS Foundation Trust, where he had been Chief Executive since 2016. He has more than 25 years' experience in the NHS, which he joined in September 1989 as a General Management Trainee in Greater Manchester. After roles across Yorkshire he went on to be successful in number of senior positions. His first Chief Executive post was for the Doncaster Central Primary Care Trust in October 2000 and he was appointed Chief Executive of the former Bradford and Airedale Teaching Primary Care Trust (now NHS Bradford and Airedale) in October 2006. Following his time in commissioning organisations, he became Chief Executive of Sheffield Children's Hospital.

Executive Finance Director – Andrew Bertram

Appointed January 2009
Deputy Chief Executive - appointed May 2018

Andrew has previously held a number of roles at the Trust, first joining in 1991 as a Finance Trainee as part of the NHS Graduate Management Training Scheme. On qualifying as an accountant, he undertook a number of finance manager roles supporting many of the Trust's clinical teams. He then moved away from finance to take a general management role as Directorate Manager for Medicine. Andrew then joined the senior finance team, firstly at York, subsequently at Harrogate and District NHS Foundation Trust, as their Deputy Finance Director, and then returning to York to become the Executive Finance Director. He has since been appointed Deputy Chief Executive in May 2018.

Executive Medical Director – Jim Taylor

Appointed October 2015

Jim graduated with a dental degree from Glasgow University in 1983. He then worked in posts in Bristol, Manchester and Greater London before re-entering medical school and graduating from Charing Cross and Westminster Medical School in 1993. Jim was appointed Medical Director for the Trust in October 2015. He has served as a Consultant Maxillofacial Surgeon with the Trust since 2001,

providing services across North Yorkshire, including Scarborough and Bridlington, during that time.

Executive Chief Nurse – Heather McNair

Appointed July 2019

Heather joined the Trust from her previous position as Director of Nursing and Quality at Barnsley Hospital NHS Foundation Trust. She is a qualified midwife and became Head of Midwifery at Huddersfield Royal Infirmary in 1998 before becoming Deputy Director of Nursing in 2001, a post she held for 10 years.

Executive Chief Operating Officer – Wendy Scott

Appointed September 2017

Wendy joined the Trust in July 2012, managing Scarborough, Whitby and Ryedale and York and Selby Community Services. She was the Director of Out of Hospital Care from October 2015 to August 2017, when she took up her current post as Chief Operating Officer. Wendy is a nurse by background and then moved into commissioning roles.

Executive Director of Workforce and Organisational Development – Polly McMeekin

Appointed February 2019

After graduating from Durham University in 2000, Polly began her career in Financial Services. In 2002 she joined the NHS working for Great Ormond Street Hospital, where she trained in Human Resource Management. Polly joined Harrogate and District NHS Foundation Trust 2009 and progressed to Deputy Director of Workforce and Organisational Development before she left in 2015. She joined the Trust in September 2015 as Deputy Director of Workforce reporting into the Chief Executive. She was subsequently appointed to the position of Director of Workforce and Organisational Development in February 2019. Her portfolio includes Human Resources, Organisational Development, Corporate Learning and Equality and Diversity.

Executive Chief Digital Information Officer – Dylan Roberts

Appointed August 2020

Dylan joined the board of the Trust as an executive director and Chief Digital and Information Officer (CDIO) in August 2020. He comes to comes to the trust with a considerable amount of experience in delivering value from information and technology to affect better outcomes for people and places. He has played a key role locally, regionally and nationally representing local public services in the development and implementation of national IT strategy, policy and programmes.

His role will be to improve the way we use Information and Technology to improve patient outcomes and make everybody's jobs easier. He will start by developing the case to update our basic IT provision and service so it is faster and more reliable for staff and aims to improve the capturing and provision of information to inform better decisions. The medium to

long term vision, as he delivered across Leeds, is to work with our partners, across the localities we serve, to secure external funds, to deliver the latest digital technologies to underpin new improved models of care, moving us away from paper, enabling more mobile working across wards and community to hopefully put more of a smile on people's faces.

The work across the City of Leeds, the health and care system and digital economy resulted in him being placed in the Top 10 of cross sector CIO 100 for the last 3 years an award that recognises the most transformative and disruptive CIOs in the UK.

Non-executive Director – Jennie Adams

Appointed 1 September 2012 to 31 August 2014
Reappointed 1 September 2014 to 31 August 2017
Reappointed 1 September 2017 to 31 August 2018
Reappointed 1 September 2018 to 31 August 2019
Reappointed 1 September 2019 to 31 August 2020
Vice Chair from 1 January 2020 to 31 August 2020

Jennie joined the Trust in September 2012. She has a first-class honours degree in Economics from Southampton University and has a professional background in investment management. She moved to Scarborough 18 years ago with her husband (a hospital consultant) and young family and has taken on a number of Non-executive roles within the private and public sector.

Non-executive Director - Jenny McAleese

Appointed 1 March 2017 to 28 February 2020
Senior Independent Director from May 2019 – February 2020
Vice Chair from September 2020

After graduating from Jesus College, Oxford in French and German, Jenny joined Grant Thornton and qualified as a chartered accountant. She remained with the firm for ten years, becoming an Audit Manager and then a Senior Healthcare Financial Consultant advising NHS Trusts. For 18 months she was seconded to the NHS Management Executive as a Business Analyst. In 1996, Jenny joined The Retreat Psychiatric Hospital in York as Director of Finance and a year later became Chief Executive until retiring in October 2016.

Non-executive Director – Lynne Mellor

Associate Non-executive Director from 1 April to 30 June 2018
Appointed 1 July 2018 to 30 June 2021

Lynne brings over 26 years of experience in the public and private sector, having held a wide-range of leadership positions with a particular focus in the network and IT sector.

Non-executive Director – Lorraine Boyd

Associate Non-executive Director from 1 April to 30 June 2018
Appointed 1 July 2018 to 30 June 2021

Lorraine is a GP and brings 30 years of experience of direct patient care. In recent years Lorraine has been involved as GP representative within NHS Vale of York Clinical Commissioning Group and The Humber, Coast and Vale Sustainability and Transformation Partnership. She is the founder directory of City and Vale GP Alliance and she has supported the development of collaborative working between the Trust and primary care.

Non-executive Director – Jim Dillon

Appointed 1 July 2019

Jim was Chief Executive at Scarborough Borough Council from April 2006 until his recent retirement. Before that he was a Director at Ipswich Borough Council. Jim has a strong passion for the Scarborough area and wishes to continue contributing to improving the quality of life of the community through being a Director of the Trust and having been involved at a strategic level of health and wellbeing agenda at both local and regional levels for many years.

Non-executive Director – Stephen Holmberg

Appointed 1 July 2019
Senior Independent Director from March 2020

Stephen has been a Consultant Cardiologist in the NHS with more than 25 years' experience in direct patient care. He brings extensive experience as a previous Trust Board Executive and also held senior roles in other NHS organisations and the charitable sector. Steve has a strong interest in education in health care and in the development of safety and quality in patient care.

Non-executive Director (Hull/York Medical School Stakeholder) – Matt Morgan

Appointed 1 June 2020

Matt is Deputy Dean and Professor of Renal Medicine and Medical Education at Hull York Medical School. As Deputy Dean he supports the Dean in the strategic development and delivery of the Medical School.

Matt has wide experience in both undergraduate and postgraduate medical and allied health profession education and is a Fellow of both the Higher Education Academy and the Royal College of Physicians. He has also been active in promoting diversity and inclusion in healthcare and healthcare education. He continues to practice as a consultant in renal medicine in the NHS.

Non-executive Director – David Watson

Appointed 1 November 2020

David joined the board of the Trust as a non-executive director in November 2020 and was subsequently asked to Chair the Resources Committee of the board. A chartered accountant (Price Waterhouse) with a law degree from Cambridge University, David has worked throughout his career in the financial

services sector and has held senior management roles within investment banking, private equity and asset management.

Most recently, David was co-founding partner of Pensato Capital, an asset management firm, where David was responsible for the overall management of the business, including governance, finance, risk and all legal and compliance matters. David ran this well-regarded business for some 10 years before managing its sale in 2017 to a sector consolidator.

A competitive cyclist and keen gardener, David lives in North Yorkshire with his partner and three dogs. David is a Trustee of Battersea Dogs and Cats Home and, from January, 2021, will be Chair of the Audit and Risk Committee and a member of Council of the University of York.

A further director has provided additional support to the Board:

Director of Communications – Lucy Brown

Appointed February 2020
Acting Director of Communications June 2018 – February 2020

After graduating from The University of Sheffield in 2002, Lucy joined the press office at Tees, East and North Yorkshire Ambulance Service (now Yorkshire Ambulance Service). She joined NHS Employers in 2005, holding a number of communications roles before becoming Senior Communications Manager. Lucy joined the Trust in July 2008 as Communications Service Manager, establishing the Trust's first in-house communications function and was later appointed Head of Communications in 2011, reporting to the Chief Executive. Lucy's portfolio includes media relations and PR, internal communications, stakeholder engagement and charity fundraising. She was appointed Acting Director of Communications in June 2018 until her appointment to the substantive role in February 2020.

Register of Directors' Interests

Declarations of interest by members of the Trust Board are sought at each meeting of the Board and its committees, and recorded in the minutes of the relevant meetings. The Register of Interests of Board Members is published each year in the Annual Report, and includes those interests recorded during the preceding 12 months for directors whose appointments have terminated in-year.

The interests for the year 2020/21 up to March 2021 are available on the Trusts website. Guidance to the codes define 'relevant and material' interests as follows:

a) Directorships, including Non-Executive Directorships held in private companies or PLCs (with the exception of those for dormant companies)

b) Ownership or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS

c) Majority or controlling shareholding in organisations likely or possibly seeking to do business with the NHS

d) A position of authority in a charity or voluntary organisation in the field of health and social care

e) Any connection with a voluntary or other organisation contracting for NHS services

f) Research funding / grants that may be received by an individual or department

g) Interests in pooled funds that are under separate management

The public can access the register on the website, by making a request in writing to:

The Foundation Trust Secretary
York Teaching Hospital NHS Foundation Trust
Wigginton Road
York YO31 8HE

Or by emailing jill.hall@york.nhs.uk

Board Committees

During 2020-21 the Trust had five Board Committees: the Quality Assurance Committee, the Resources Assurance Committee, the Group Audit Committee, the Remuneration Committee and the Executive Board.

All the Committees, except the Executive Committee, are chaired by a non-executive director and its membership is drawn from the non-executive directors. Each committee is supported by the executive directors and managers of the Trust. The Executive Committee is chaired by the Chief Executive and is the senior operational committee of the Trust.

The Remuneration Committee

Details of the Remuneration Committee can be found on page 88.

The Group Audit Committee

The Group Audit Committee met six times during the year. Attendance and membership of the Committee is as follows:

	05/05/20	17/06/20	07/07/20	08/09/20	01/12/20	09/03/21
Jenny McAleese (Chair)	✓	✓	✓	✓	✓	✓
Jennie Adams (until Aug'20)	✓	✓	✓	-	-	-
Lorraine Boyd	✓	✓	✓	✓	-	-
David Watson	-	-	-	-	✓	✓
Stephen Holmberg	-	-	-	-	✓	✓

A number of officers attended the meetings to provide assurance to the Committee, including:

Name	Designation
Andrew Bertram	Deputy Chief Executive / Finance Director
Steve Kitching	Head of Corporate Finance and Resource Management
Lynda Provins	Foundation Trust Secretary
Helen Kemp-Taylor	Head of Internal Audit
Jonathan Hodgson	Audit Manager
Emma Shippey	Assistant Audit Manager
Steve Moss	Counter Fraud Officer

Marie Hall	Local Counter Fraud Specialist
Gareth Kelly (until June'20)	Engagement Lead, Grant Thornton
Thilina de Zoysa (until June'20)	Engagement Manager, Grant Thornton
Delroy Beverley	YTHFM LLP Managing Director
Caroline Johnson	Deputy Director of Governance and Patient Safety
Mark Dalton* (from July'20)	Engagement Lead, Mazars
Mark Outterside* (from July'20)	Engagement Manager, Mazars

*The External Auditors for the Trust changed from Grant Thornton to Mazars during 2020-21

The Committee receives reports from internal and external auditors and undertakes reviews of financial, value for money and clinical reports on behalf of the Board of Directors. The Committee became the Group Audit Committee during the year when a decision was taken that it would consider matters for both the Trust and YTHFM LLP.

The Committee's terms of reference require the Committee to:

- Monitor the integrity of the activities and performance of the Trust and YTHFM and any formal announcement relating to the Group's financial performance;
- Monitor governance and internal control for the Group;
- Monitor the effectiveness of the internal audit function for the Group;
- Consider the appointment of the external auditors, providing support to the appointment made by the Council of Governors;
- Review and monitor external audit's independence and objectivity and the effectiveness of the audit process for the Group;
- Develop and implement policy on the employment of the external auditors to supply non-audit services;
- Review standing orders, financial instructions and the scheme of delegation;
- Review the schedule of losses and compensation;
- Review the annual fraud report;
- Provide assurance to the Board of Directors on a regular basis;
- Report annually to the Board of Directors on its work in support of the Annual Governance Statement.

Each meeting considers the business that will enable the Committee to provide the assurance to the Board of Directors that the systems and processes in operation within the Trust are functioning effectively.

The Trust has an independent internal audit function provided by Audit Yorkshire. The internal audit service also provides audit services to a number of other foundation trusts and CCGs in the region. To coordinate the governance and working arrangements of the service, all Trusts that obtain services from the internal audit service are members of the Board of Audit Yorkshire.

The internal audit service agrees a work programme at the beginning of the financial year with the Trust. The service reports to each Group Audit Committee meeting on the progress

of the work programme and provides detailed reports on the internal audits that have been completed during the previous quarter.

The list of activities below shows some of the work the Committee has undertaken during the year:

- Considered internal audit reports and reviewed the recommendations associated with the reports;
- Reviewed the progress against the work programme for internal and external audit and the Counter Fraud Service;
- Considered the annual accounts and associated documents and provided assurance to the Board of Directors;
- Considered, provided challenge and approved various ad hoc reports about the governance of the Trust;
- Received the work of the Data Quality Group and cross related it to other Group Audit Committee information;
- Considered the external audit report, including interim and annual reports to those charged with governance and external assurance review of the Quality Report;
- Reviewed and monitored the clinical audit process, triangulating information with the Quality and Resources Committees to ensure there is also assurance around effectiveness of the processes in place;
- Considered the effectiveness of the Committee and internal audit;
- Provided a focus on risk management, the Corporate Risk Register and Board Assurance Framework processes in order to challenge and evolve the documents.

Role of Internal Audit

The Trust's internal audit and anti-crime services are provided by Audit Yorkshire. Audit Yorkshire provides independent assurance to the Board of Directors via the Group Audit Committee.

The Head of Internal Audit and Managing Director are supported by two Deputy Directors and a management team, all of whom are CCAB qualified. All Audit Yorkshire's auditors are either qualified or working towards an externally validated professional qualification to ensure the organisation has the correct skill set to deliver a wide range of assurance reviews and demonstrate proficiency and due professional care. At the start of the financial year, or on commencement of employment with Audit Yorkshire during the year, all internal auditors complete a declaration and certify that they have no conflicts of interest which might compromise their independence as an auditor working for Audit Yorkshire.

Audit Yorkshire has extensive experience of delivering award winning, high quality and cost-effective Internal Audit services to their members. Their approach and methodology:

- Provide an independent and objective opinion on risk management and governance, compliant with prevailing Public Sector Internal Audit Standards;
- Provide professional, high quality audit coverage of key risks;
- Give clear opinions on systems of internal control;
- Use the audit coverage and collate the opinions drawn to provide a meaningful Head of Internal Audit Opinion to support the Annual Governance Statement;
- Offer value-added work to assist the Trust in making business improvements and achieving its corporate objectives.

As well as undertaking specific audits and other pieces of work commissioned by the Trust, Audit Yorkshire also provides general advice on governance, counter-fraud and systems/process issues and undertakes consultancy/advisory work as required.

Role of External Audit

External Auditors are invited to attend every Group Audit Committee meeting. The appointed External Auditors have right of access to the Chair of the Group Audit Committee at any time. The Externa Audit contract was tendered in 2019/20 and Mazars were appointed at the beginning of August 2020 to provide this service for the Trust.

The objectives of the External Auditors fall under two broad headings. To review and report on:

- The audited body's financial statements, and on its Statement on Internal Control;
- Whether the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

In each case, the Group Audit Committee sees the resulting conclusions.

External Audit also prepares an annual audit plan, which is approved by the Group Audit Committee. This annual plan sets out details of the work to be carried out, providing sufficient detail for the Group Audit Committee and other recipients to understand the purpose and scope of the defined work and the level of priority. The Group Audit Committee discusses with the External Auditors the main issues and parameters for audit planning in the meeting before the annual audit plan is due to be approved. This allows the Committee members time and space to:

- Discuss the organisation's audit needs;
- Reflect on the previous year's experience;
- Be updated on likely changes and new issues;
- Ensure coordination with other bodies.

In reviewing the draft plan presented to the Committee, members concentrate on the outputs from the plan and what they will receive from the external auditors, balanced against an understanding of the auditors' statutory functions. Review of the audit fee is an important role, but the focus should be on consistency with NHSE/I's guidelines and appropriateness, in the context of the organisation's needs, and the statutory functions of the external auditors.

The annual audit plan is kept under review to identify any amendments needed to reflect changing priorities and emerging audit needs. The Group Audit Committee approves material changes to the annual audit plan.

External audit works with both management and other assurance functions to optimise their level of coverage. The Committee seeks and gains assurance that duplication with Internal Audit is minimised wherever possible, consistent with the requirements of *ISA (UK and Ireland) 610* that external audit should never direct the work of internal audit and review and re-perform similar items for any piece of work on which it intends to place reliance.

The Data Quality Group – Chaired by Jenny McAleese

The Data Quality Group, a sub-group of the Group Audit Committee, examines and understands data quality issues relating to finance, human resource, risk and legal services and patient information systems. This work has continued throughout the year. The group has received presentations from information system owners and actively sought assurances from these owners on aspects of data quality. The assurance work has specifically explored issues in relation to the integration and development of systems. The group uses the intelligence it is gathering to test the robustness of the internal audit work programme in seeking and further supporting assurance on system data quality issues.

The group has met once during this period due to the pandemic and the need for attendees to focus their efforts elsewhere. The group is scheduled to be back up and running with their first meeting scheduled for April 2021. The membership of the group comprises:

Jenny McAleese, Non-executive Director
Jennie Adams, Non-executive Director (resigned 31/08/20)
Lorraine Boyd, Non-executive Director (Until 01/12/20)
Stephen Holmberg, Non-executive Director (joined 01/12/20)
David Watson, Non-executive Director (joined 01/12/20)
Andrew Bertram, Executive Finance Director
Helen Kemp-Taylor, Head of Internal Audit

Other senior managers and executive directors attend as appropriate.

Resources Assurance Committee

The purpose of the Resources Assurance Committee is to provide assurance to the Board of Directors around patient safety and putting the best interests of patients first in relation to the Trust's financial, digital, estates and workforce and organisational development performance and drawing any issues or matters of concern to the attention of the Board of Directors.

The Resources Assurance Committee met monthly during the year. Attendance and membership of the Committee is as follows:

	21/04/20	19/05/20	16/06/20	21/07/20	18/08/20	22/09/20	20/10/20	17/11/20	08/12/20	19/01/21	16/02/21	23/03/21
Jennie Adams (Chair)	✓	✓	✓	✓	✓	-	-	-	-	-	-	-
Lynne Mellor (Chair from 22.09.20 – 20.10.20)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
David Watson (Chair from 17.11.20)	-	-	-	-	-	-	-	✓	✓	✓	✓	✓
Jim Dillon	**Ap**	✓	✓	**Ap**	✓	✓	✓	✓	✓	✓	✓	✓

A number of officers attended the meetings to provide assurance to the Committee.

Name	Designation
Andrew Bertram	Deputy Chief Executive / Director of Finance
Steve Kitching	Head of Corporate Finance and Resource Management
Graham Lamb	Deputy Director of Finance
Polly McMeekin	Director of Workforce and Organisational Development
Kevin Beatson	Head of Systems Development
Adrian Shakeshaft	Head of IT Infrastructure
Lynda Provins	Foundation Trust Secretary
Delroy Beverley	Managing Director of YTHFM

During the year the Committee explored in more detail some of the concerns and risks that faced the Trust, predominantly steered by the Covid-19 pandemic. To support this, they received additional information on the following topics:

- Board Assurance Framework and Corporate Risk Register
- YTHFM LLP
- Workforce
- Finance
- Sustainability
- Digital
- Covid-19 pandemic
- Draft year-end financial outturn and financial regime for 2020/21
- Overseas visitors
- Staff survey
- Freedom to Speak Up (FTSU)
- Equality and diversity
- Getting It Right First Time (GIRFT) programme
- Data protection
- Community Stadium

The Quality Assurance Committee

The purpose of the Quality Assurance Committee is to provide assurance to the Board of Directors around patient safety and putting the interests of patients first in relation to the Trust's performance on quality and safety, performance improvement and transformational quality improvement, and drawing any issues or matters of concern to the attention of the Board of Directors.

The Committee met monthly during the year. Attendance and membership of the Committee is as follows:

	21/04/20	19/05/20	16/06/20	21/07/20	18/08/20	22/09/20	20/10/20	17/11/20	08/12/20	19/01/21	16/02/21	23/03/21
Lorraine Boyd (Chair until Nov'20)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Steven Holmberg (Chair from Nov'20)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jenny McAleese	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Key officers attended the meeting to provide assurance to the Committee, including: -

Name	Designation
Heather McNair	Chief Nurse
Jim Taylor	Medical Director
Wendy Scott	Chief Operating Officer
Caroline Johnson	Deputy Director of Patient Safety, Medical Governance
Donald Richardson	Consultant, Medical Specialties
Lynette Smith	Head of Operational Performance
Nicky Slater	Head of Information Services and Patient Access
Lynda Provins	Foundation Trust Secretary

During that time the Committee considered the following:

- Chief Nurse report
- Medical Director report
- Chief Operating Officer report
- Covid-19 pandemic updates
- CQC update
- Director of Infection Prevention and Control report
- Adult and child safeguarding
- Nurse staffing
- Complaints annual report
- 2020/21 quality priorities report
- Patient experience report
- Pressure ulcer report
- Falls report
- Performance report
- End of life care report
- Nutrition report
- Mortality review report
- Continuity of Carer progress update
- Cancer performance

- Reset and restore recovery plan
- Dementia report
- In-patient survey
- Safer Working Guardian report
- Duty of Candour report
- Winter plan
- Governance and assurance report
- Maternity report
- Ockenden Review
- Quality improvement report
- Health and safety review
- Patient equality, diversity and inclusion report 2019/20
- Quality report
- Board Assurance Framework and Corporate Risk Register

Executive Committee - The Executive Committee is the key operational group of the Trust and is chaired by the Chief Executive. Its membership comprises the Executive Directors and Care Group Directors. The Executive Committee discusses the formulation and implementation of strategy as well as key operational decisions. The formed strategy proposals are discussed with the Board of Directors through the Board and Board Committee meetings.

NHS England and Improvement's Well-Led Framework

NHSE/I states that it is good practice for organisations to conduct 'in-depth, regular and externally facilitated developmental reviews of leadership and governance' every three to five years. These reviews should then be used to facilitate development of the Board. The Key Lines of Enquiry which were developed also underpin the Care Quality Commission's regular regulatory well led assessments.

The Trust carried out a well-led review in 2019 and as part of that has continued to review its committee/reporting structures and has also put in place a Board development programme for 2020/21. Further information can be found on page 115.

Patient Experience

Experience is one of the three key components of quality and needs to be given equal emphasis along with safety and clinical effectiveness.

The evidence surrounding patient experience illustrates:

- Link between experience and health outcomes i.e. patients who have a better experience of care generally have better health outcomes
- Experience is improved when people have more control over their care and the ability to make informed choices about their treatment
- The relationship between staff and patients i.e. where staff are well cared for this has an impact on patient experience conversely if patients are having a poor experience, it has a negative impact on staff experience
- The link between experience and cost of care i.e. poor experiences generally lead to higher costs as patients may have poorer outcomes, require longer stays or be admitted for further treatment
- The impact of experience on organisational reputation, i.e. if patients have a poor experience of care it can damage an organisation's reputation.

This year the Trust has received thousands of pieces of patient and carer feedback, almost all of it positive. We also received unprecedented numbers of gifts and donations.

The patient experience team reports this feedback to the Board on a quarterly basis, and produces monthly care group reports to assist care groups in identifying improvement opportunities.

#hello my name is…

The “hello my name is…” campaign was relaunched this year, to encourage a strong, positive introduction from staff to patients, visitors, and colleagues alike. This can improve

relationships and ease effective communication, something we know from feedback is incredibly important.

Care Groups each submitted an action plan to the Patient Experience Steering Group, with their own ideas for how they would embed this in their areas. Display boards, meet-and-greet sessions, and posters were all used to promote the campaign and its important values.

Friends and Family Test (FFT)

NHSE/I implemented changes to FFT from 1 April 2020, with the intention of improving it by:

- Making the question more effective in collecting good quality feedback. The new mandatory standard question for all settings is "Overall, how was your experience of our service"? With six possible response categories.
- Changing the timing requirements so that patients are able to give feedback when they want to rather than only at the point where they are discharged.

We also took the opportunity to introduce an additional question – "Do you feel staff treated you with kindness?" to reflect the new Trust value. Responses to this question are recorded in monthly patient experience reports.

NHSE/I no longer calculate or publish 'response rates'. The focus is on learning from patient feedback, celebrating achievements and making improvements. Care Groups report examples of improvements to the Patient Experience Team and these are captured in monthly reports.

Due to the Covid-19 pandemic, FFT data submission was paused for several months from March 2020. FFT cards are now being used again, however we have received fewer responses due to infection control measures on wards, the reduction in people being admitted to our hospitals, and the frequent ward moves. Text messages are still being sent to a random selection of all patients.

All recommended rates remain above 90% and stable:

91% Recommended our emergency departments
97% Recommended our inpatient departments
99% Recommended our maternity departments
94% Recommended our outpatient departments
97% Recommended our community services

There were notable drops in recommended rates for both our emergency departments during the pandemic, especially during the summer months. These rates have improved and since remained stable. In our emergency departments the 2019/20 average was 79%, while in 2020/21 it is 91%.

The vast majority of FFT feedback has remained very positive throughout the last year, with patients praising staff and expressing thanks despite difficult circumstances and pressures of the pandemic.

Patient Advice and Liaison Service (PALS)

Our Patient Advice and Liaison Service supported 1,389 people throughout the year. On average 74% of closed cases met the Trust's ten day response target, compared with 72% last year.

Communication remains a key issue and this is reflected in other patient feedback, including the FFT and the National Inpatient Survey (NIS). Several questions in the NIS relate to communication, including but not limited to:

- Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen?
- How much information about your condition or treatment was given to you?
- Were you told how you could expect to feel after you had the operation or procedure?
- When you left hospital, did you know what would happen next with your care?

Having good communication with our patients is vital. It's common for people who need health care services to feel anxious about their health, about what tests and treatment they might have to undergo and about what the future holds for them. Having good communication with our staff helps reduce anxiety and builds patient confidence.

Appointment availability is not surprisingly a common issue this year and with the backlog of appointments this is expected to continue for some time.

Key Themes:

Complaints

430 formal complaints were received during the year, a decrease of 14% from 502 in 2019/20. This was due to a 50 % reduction in complaints received in Q1, during the first wave of the pandemic.

	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	Total
York Hospital (including Community)	40	67	78	99	284
Scarborough Hospital	16	39	45	38	138
Bridlington Hospital	0	2	3	3	8
Total	56	108	126	140	430

This year the main issues were around discharge, patient care and communication. Relatives and carers told us that they were not provided with updates about the patient, which was upsetting and worrying at a time when they could not visit in person. One of the other main issues was that relatives/carers found getting through to the wards by phone challenging. Although most understood that staff would be busy, it was very difficult for families when there was no other way of contacting the hospital to receive updates on loved ones.

It was inevitable that on occasion staff were not able to give the time needed to communicate as well as they would wish or give the high quality of care they want to give. Some people felt their discharge was rushed and reported feeling unprepared to leave hospital. Others told us they were not given a contact to ring for further advice after discharge. The Trust responded by extending ward clerk hours in order to provide additional capacity for answering the telephone.

Key Themes:

Complaint response times

The Trust is committed to providing an open, honest and straightforward response, with robust complaint handling at a local level. On average 57% of closed cases met the Trust's 30-day response target, compared with 41% in 2019/20. This improvement is due to the targeted work that Care Groups have undertaken to address the timeliness of complaint responses.

Complaints re-opened

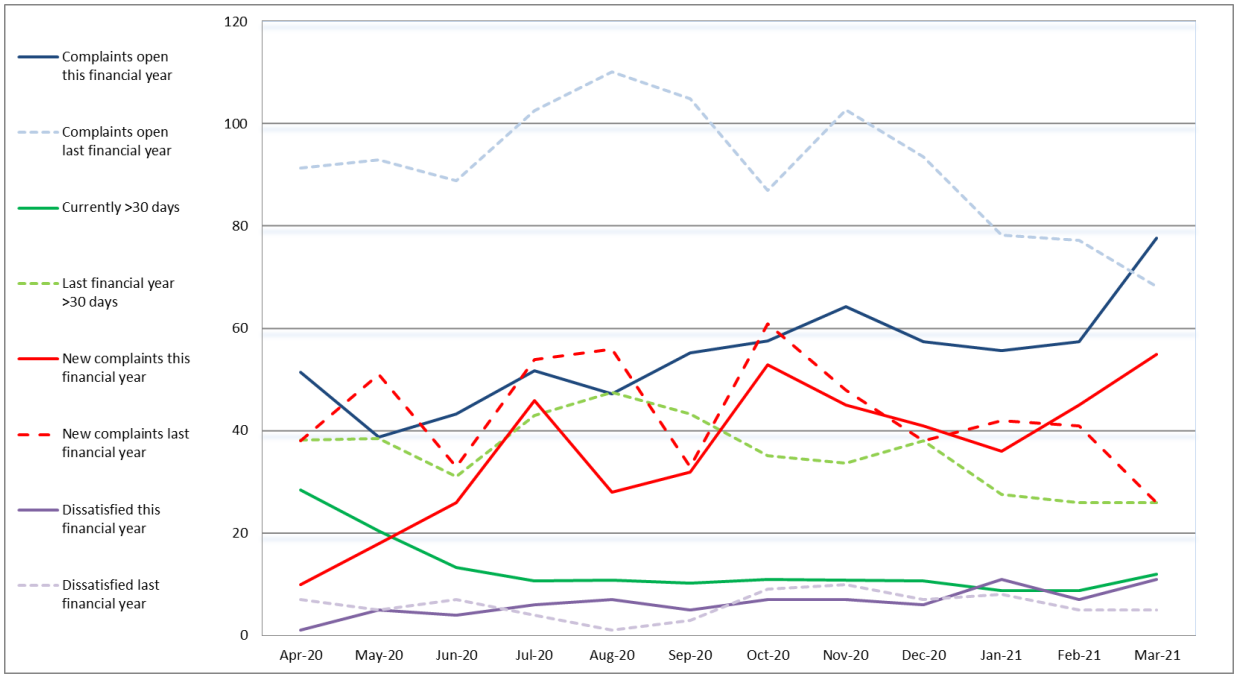
71 cases in 2020/21 were reopened for further local resolution, equating to 14% of complainants being dissatisfied with the response they received from the Trust. This represents a 7% increase from 66 in 2019/20. Complainants in 38 cases were dissatisfied

with the findings, 31 had asked further questions or for clarity and only two were dissatisfied with the complaint handling.

Outcomes

The Trust is required under the complaints legislation to record whether or not the issues were considered to be substantiated following investigation. 416 complaints were closed this year, of which 40% were not upheld. 44% were partially upheld and 15% were upheld. There are four cases (1%) from CG1, CG2 and CG3 that the patient experience team is awaiting the outcome data.

Complaint Performance



The Parliamentary and Health Service Ombudsman (PHSO)

The PHSO suspended investigations in 2020 in response to the pandemic. One investigation was conducted in October 2020 (CG2), down from four last year. Three cases were concluded; one was not upheld and two were partially upheld.

Virtual outpatient appointments

Due to the pandemic and a need to reduce footfall into our hospitals, a number of outpatient clinics have been operating by telephone or video connection. After virtual appointments, a pop-up survey asked both patients and clinicians about their experience.

Around 80% patients felt that their appointment was as good as or better than face-to-face, with improved levels of convenience being noted.

The satisfaction rate for clinicians was lower, with about 60% clinicians saying they got everything they needed from the appointment. Some clinicians found that patients were less focused during the appointment, and others needed to examine the patient in real life, for example manipulating a joint.

The option of virtual consultations is set to become business as usual. The Trust is expecting a slight reduction in uptake as some services have used it as a “better than nothing” option but have found it isn’t entirely effective for some cohorts of patients. The Trust will continue to progress the virtual agenda as patient feedback has been very positive and physical space remains limited to ensure social distancing is maintained.

Covid-19 follow-up survey

To ensure the Trust was supporting patients with Covid-19 as far as possible, a telephone survey was conducted after ‘wave one’. Over 120 patients who had been discharged from hospital, who had a Covid-19 positive result while in our care, were asked in detail about their experiences and about any further support they required. This was led by the Lead for Allied Health Professionals with support from the patient experience team.

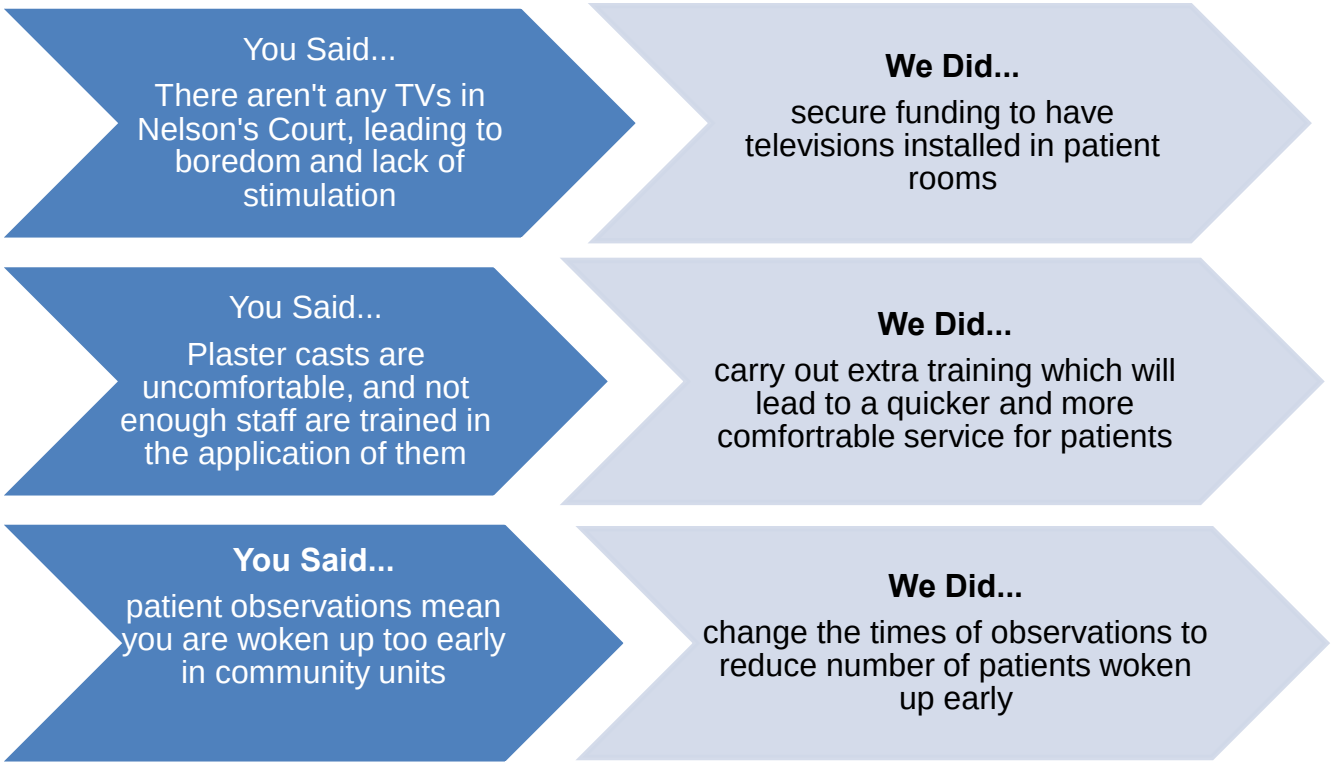
The majority of people questioned were incredibly grateful for their care, and described staff as amazing, fantastic, and calm amidst a crisis. People described an overall good experience, and felt well looked after and well informed.

Some patients reported a disjointed experience and a feeling that they were being rushed to be discharged. Much of the other negative feedback mirrors that from patients without Covid-19, including issues around noise on wards, night-time moves and feeling lonely without visitors. These are not unique to patients with Covid-19 but require further attention and support to improve the patient experience further.

Service Improvements

Despite the increased pressures on staff this year, we have made a number of improvements in response to patient feedback. Some examples are outlined below:

You Said...	We Did...
Scarborough Stroke Ward saw an increase in complaints around discharges, linked to poor communication.	bespoke training emphasising the use of the discharge checklist and trusted assessor form, and created a discharge information board
it's hard for district nursing patients to give feedback directly to their nurse	introduce a process with District Nurse Administrators,who contact patients by phone to gather feedback.
it can be very hard to get through to wards on the phone	provide additional mobile phones to wards, so they can transfer calls and free up a line



Volunteering

Over the last twelve months, the volunteering team has responded to the challenges that the Covid-19 pandemic has presented in the Trust. In order to meet the demand for volunteer support, 107 new volunteers have joined the Trust, resulting in a total of 350 active volunteers supporting the organisation. This support has been made possible with the collective input of Friends of York Hospital, York Wheels, Royal Voluntary Service, Ryedale Cares and other organisations.

During the first wave of the pandemic, the volunteering team temporarily stood down the volunteers and the team assisted a number of different areas, including bereavement services, silver command and the virtual visiting service. The team also invested in new volunteering software called Assemble, which allows them to track volunteering hours, shifts and ensure information is communicated effectively to the volunteers. Following a small pilot, 70 volunteers are now actively recording their contribution of over 600 volunteering hours per month in the Trust.

In response to the new Covid-19 guidance, the team has worked collaboratively with a number of departments to create over 15 new roles, including supporting our outpatient services in areas such as chemotherapy and the child development centre. We are also supporting our Covid-19 negative wards including AMU and AMB with connecting patients to their loved ones through facilitating video calls. Over 120 volunteers have also supported the running of the Covid-19 vaccination clinics in January and March 2021.

Create new volunteering opportunities

Create mentorship programme to support younger volunteers

Capture volunteering hours and the impact volunteers have

The volunteering team continue to support over 50 departments across the Trust and are actively working with new departments such as the antenatal team, in order to explore how volunteers can support their services. Looking forward, the team will be working to create a mentorship programme to support our younger volunteers as they explore possible careers within the NHS, and working with the recruitment and HR teams in order to highlight the different job opportunities available to volunteers within the Trust.

A Year In Volunteering

APRIL

Temporarily stood down volunteers in light of COVID-19 pandemic.

MAY

Undertook service audit in order to ensure the service met new guidance and COVID precautions.

.

JUNE

Celebrated a year in volunteering with the volunteers through a special newsletter and sharing volunteering experiences.

JULY

Beginning of volunteers returning and created new role to support main reception colleagues

AUGUST

Launched new volunteering management software Assemble to effectively support the volunteers.

SEPTEMBER

Introduced volunteers to support the Occupational Health department with administration for the flu vaccine program.

OCTOBER

Volunteers began assisting across the Trust in Outpatient settings with temperature checks.

NOVEMBER

Developed new bespoke training with the Dietetic Team to support our Dining Companion Volunteers

DECEMBER

Began recruiting over 100 new volunteers to support the upcoming COVID vaccination program.

JANUARY

Over 120 volunteers began providing support for the COVID vaccination clinics in York and Scarborough.

FEBRUARY

Created new role supporting the wards with helping connect patients to their loved ones through video calls or messages.

March

Expanded volunteer outpatient support to cover Child Development Centre, Chemotherapy Department and Antenatal Department.

The Volunteering Team would like to thank all of the volunteers for their hard work, dedication and support during the last twelve months. Their resilience and adaptability has been greatly valued, and we are extremely proud of them for the support they have provided for the Trust.

Partnerships and Alliances

Partnership working with neighbouring organisations and agencies is a key strategic aim for the Trust, helping to provide effective healthcare to our communities. Clinical alliances are important in ensuring that there is compliance with national regulatory and professional guidance and that a critical mass of population can sustain individual and interlinked services. Collaborative working can also contribute to improved care pathway delivery and access to specialist care, as well as addressing recruitment and retention challenges.

Over the years the Trust has developed a range of significant clinical alliances with both Hull University Teaching Hospitals NHS Trust and Harrogate and District NHS Foundation Trust, which provide support for the delivery of secondary care services and some tertiary care services across the wider geographic area.

Historically, Hull University Teaching Hospitals NHS Trust had provided specialist neurosurgical and cancer services for residents in the eastern side of the Trust's catchment population and there is an established Hull York Medical School.

Recently, networked specialist service developments in the areas of hepatology, HIV, renal, cystic fibrosis and vascular surgery involving the two organisations have been successfully established, enabling local access to be secured for patients across the combined geographic area.

Within the framework of the Humber Coast and Vale Integrated Care System, collaborative service arrangements are being pursued with Hull University Teaching Hospitals NHS Trust, Northern Lincolnshire and Goole NHS Foundation Trust and Harrogate and District NHS Foundation Trust as part of an Acute Services Collaborative.

A key initiative during the pandemic period has been the sharing of waiting list information between the organisations and the development of plans around flexible use of buildings and staffing to deliver services as part of an elective care recovery programme.

As part of an emerging radiology network, a group of clinicians and managers has established a cross-organisational reporting hub to share capacity across partner trusts, improve access to specialist reporting and maximise flexibility and working patterns for our staff.

Plans are also being worked through for the development of shared care pathways and joint training and education programmes.

A formal pathology service collaborative between the Trust and Hull University Teaching Hospitals NHS Trust has now been established.

The pathology collaborative has developed a detailed work programme of shared equipment investment to improve reporting, training of advanced practitioner staff to create additional capacity and has secured funding for a common information management system (£2.6m) to support integrated working.

Funding has been made available through the Humber, Coast and Vale Cancer Alliance to set up rapid diagnostic centres (RDC) for patients with serious non-specific symptoms and

to explore ways to expand the remit of RDCs to improve cancer diagnostic provision for other patient cohorts.

Trust radiology clinicians and managers, along with primary care colleagues in the York/Scarborough area, have expressed an interest in developing a purpose designed pathway to meet this guidance. There is capacity to manage the change and potential to benefit a greater number of patients, and a provisional allocation of around £300k over a two-year period has been secured.

Recent service initiatives with Harrogate and District NHS Foundation Trust have included the extension and enhancement of the vascular surgical service, the establishment of a self-care dialysis unit for Harrogate residents and the development of a hepatology outpatient service.

The York/Harrogate population is also served by combined clinical teams in the service areas of head and neck, oncology and ophthalmology and further potential joint developments in relation to breast and bowel cancer screening are planned.

The Trust continues to build on its relationships with key local partners in delivering care to our local communities. Examples of this include strengthening relationships between GPs and hospital consultants to design new pathways of care, developing integrated teams of health and social care staff, working with mental health colleagues in the development of liaison services and collaboration with the voluntary sector in new partnerships.

As has been referenced elsewhere, a very positive relationship has been developed between the Trust and independent sector during the pandemic under the auspices of the NHSE/I scheme for utilisation of independent sector capacity. Vulnerable clinical services such as oncology and chemotherapy were temporarily relocated to Nuffield Hospital premises in York and urgent surgery was delivered on the Nuffield and Ramsay Clifton Park Hospital site.

Staff from York and the Nuffield and Ramsay Hospitals worked together in delivering care on all three sites, supporting outpatient consultations and surgical procedures in theatres and in ICU.

The Trust continues to develop meaningful working relationships with commissioners, primary care and social care partners as part of an integrated care system.

The Trust is actively involved in the York Community Stadium project led by the City of York Council, as a tenant. The Trust will be utilising space in the stadium to deliver staff education and training and outpatient services in high quality accessible accommodation, which will relieve accommodation pressures on the main York Hospital site and associated premises.

It is envisaged that there will be scope for collaborative work with partner organisations in the fields of health promotion/education and training.

Remuneration Report

Annual statement on remuneration

The Remuneration Report summarises our remuneration policy and, particularly, its application in connection with the executive directors. The report also describes how the trust applies the principles of good corporate governance in relation to directors' remuneration as defined in the NHS Code of Governance, in sections 420 to 422 of the Companies Act 2006 and the Directors' Remuneration Report Regulation 11 and Parts 3 and 5 of Schedule 8 of the Large and Medium sized Companies and Groups (Accounts and Reports) Regulations 2008 (SI 2008/410) ('the Regulations') as interpreted for the context of NHS Foundation Trusts, Parts 2 and 4 Schedule 8 of the Regulations and elements of the Foundation Trust Code of Governance.

The Remuneration Committee considers and acts with delegated authority from the Board of Directors on all matters concerning the remuneration, allowances and other terms of service of the Executive Directors. The Committee comprises the Trust Chair and all Non-Executive Directors. The Committee is attended by the Chief Executive and others at the request of the Chair in an advisory capacity where appropriate.

Non-Executive Directors' remuneration and terms and conditions of service are developed and reviewed periodically by the Council of Governors Nomination and Remuneration Committee and ratified by the Council of Governors.

All Directors of the Trust are subject to individual performance review. This involves the setting and agreeing of objectives for a 12-month period running from 1 April to 31 March.

The full remuneration report of salary, allowances and benefits of senior managers are set out in the Salaries and Pension Entitlements of Senior Managers section of the Annual Report on Remuneration.

Remuneration for Non-Executive Directors is set out on page 92 of the Annual Report on Remuneration and within the Full Statutory Accounts. No additional fees are payable in the role of Non-Executive Director.

Susan Symington
Chair

Senior Managers' Remuneration Policy

Future Policy Table					
Item	**Salary/Fees**	**Taxable Benefits**	**Annual Performance Related Bonus**	**Long Term Related Bonus**	**Pension Related Bonus**
How this supports for the short and long term objectives of the Foundation Trust	Ensure the recruitment and retention of directors of sufficient calibre to deliver the Trust's objectives	None disclosed	None Paid	None Paid	Ensure the recruitment and retention of directors of sufficient calibre to deliver the Trust's objectives
How the component operates	Determined by the Remuneration Committee using a range of data and criteria as set out in the Remuneration Committee section. Paid in even twelfths	Senior Managers in the Trust are entitled to lease cars	None Paid	None Paid	Contributions paid by both employee and employer, except for any employee who has opted out of the scheme, in line with national regulations
Maximum payment	As set out in the accounts	None disclosed	None Paid	None Paid	Contributions are made in accordance with the NHS Pension Scheme
Framework used to assess performance	The Trust's Values Based Appraisal and objective setting process is used for all staff including Executive Directors, together with specific measures agreed for the Executive Team by the Remuneration Committee.	None disclosed	None Paid	None Paid	Not applicable
Performance period	Tailored to individual posts	None disclosed	None Paid	None Paid	Not applicable
Amount paid for minimum level of	Salaries are agreed on	None disclosed	None Paid	None Paid	Not applicable

performance and any further level of performance	appointment and set out in the contract of employment				
Explanation of whether there are any provisions for recovery of sums paid to directors or provisions for withholding payments	Any sums paid in error may be recovered.	None disclosed	None Paid	None Paid	Any sums paid in error may be recovered.

Service Contract Obligations

All Executive Directors are required to provide six months' notice; however in appropriate circumstances this could be varied by mutual agreement. Terms of each of the Non-Executive Directors are given in the details of the Board members below.

Policy on payment for Loss of Office

Payment for loss of office is covered within contractual notice periods and standard employment policies and legislation. The Trust has made no provision for compensation for early termination and no payment for loss of office for senior managers.

Trust's Consideration of Employment Conditions

Other members of staff who are not Board members are employed on agenda for change terms and conditions and any percentage pay increases are applied in accordance with national agreements. The Remuneration Committee agrees very senior managers pay and conditions following consideration of benchmarking information on comparable roles.

The Non-Executive Director fees are considered by the Council of Governors Nomination and Remuneration Committee and a recommendation is approved by the Council of Governors. The recommendation is prepared following a discussion and the receipt of benchmarking data. The Nomination and Remuneration Committee includes a Staff Governor as part of its membership. The Council of Governors includes five Staff Governors as part of its membership.

Service Contracts

All Executive Directors are employed on a permanent basis.

As stated in the Service Contract Obligations above, all Directors are subject to six months' notice period. The table below shows their start and finish dates, where applicable, or if their role is current:

Board of Directors				
Executive Director	**Title**	**Date of appointment**	**Contract date to**	**Notice Period**
Simon Morritt	Chief Executive	Aug 2019	Current	6 months
Andrew Bertram	Finance Director	Jan 2009	Current	6 months
	Deputy Chief Executive	May 2018	Current	6 months
Jim Taylor	Medical Director	Oct 2015	Current	6 months
Heather McNair	Chief Nurse	July 2019	Current	6 months
Wendy Scott	Chief Operating Officer	Sept 2017	Current	6 months
Polly McMeekin	Director of Workforce and Organisational Development	Feb 2019	Current	6 months
Dylan Roberts	Chief Digital Information Officer	Aug 2020	Current	6 months
Lucy Brown	Director of Communications	Feb 2020	Current	6 months
Non-Executive Director	**Title**	**Date of Appointment**	**Contract date to**	**Notice Period**
Susan Symington	Trust Chair	01.04.18 (2nd term)	31.03.21	1 month
Jennie Adams	Non-Executive Director	01.09.19 (3rd term) *	31.08.20	1 month
Jenny McAleese	Non-Executive Director	01.03.20 (2nd term)	28.02.23	1 month
Lynne Mellor	Non-Executive Director	01.07.18 (1st term)	30.06.21	1 month
Lorraine Boyd	Non-Executive Director	01.07.18 (1st term)	30.06.21	1 month
Jim Dillon	Non-Executive Director	01.07.19 (1st term)	30.06.22	1 month
Steven Holmberg	Non-Executive Director	01.07.19 (1st term)	30.06.22	1 month
Matt Morgan	Non-Executive Director	01.06.20 (1st term)	31.05.23	1 month
David Watson	Non-Executive Director	01.11.20 (1st term)	31.10.23	1 month

*Final term of 3 years is done on a year-by-year approval basis.

Remuneration Committee

The Trust has two remuneration committees – The Board of Directors Remuneration Committee and the Council of Governors Nomination and Remuneration Committee.

The Remuneration Committee is composed of all NEDs and is responsible for determining and agreeing, on behalf of the Board, policies for the remuneration and terms and conditions of service for all VSMs (Executive Directors and other managers on VSM contracts). It is responsible for considering the performance and annual objectives of the Chief Executive and Executive Directors and for termination arrangements that involve severance payment.

The Committee has reviewed and updated its Terms of Reference.

Remuneration Committee

The Remuneration Committee is a committee of the board of directors with responsibility for:

- reviewing of the structure, size and composition of the board of directors;
- developing succession plans for the Chief Executive and other executive directors, taking into account the challenges and opportunities facing the Trust;
- appointing candidates to fill vacancies amongst the executive directors;
- reviewing remuneration and terms of conditions for executive directors and very senior managers (those managers not on NHS agenda for change pay scales); and
- making recommendations to the board of directors for the award of discretionary points for consultants and specialist and associate specialist and staff grade doctors.

The Chair is the chair of the Remuneration Committee and its members are the remaining Non-Executive Directors, and the Chief Executive for any decisions relating to the appointment or removal of the executive directors. The committee is also advised by the Chief Executive on performance aspects by the Director of Finance on the financial implications of remuneration or other proposals and by the Director of Human Resources and OD on personnel and remuneration policy.

The Committee reviews national pay awards for staff within the Trust alongside information on remuneration for executive directors at other trusts of a similar size and nature, taking account of overall and individual performance and relativities, with the aim of ensuring that remuneration of executive directors is fair and appropriate. Through this process any salary above the threshold of £150,000 used by the Civil Service is considered and approved by the committee with a view to attractive and retaining individuals to support the Trust in delivering its vision and meeting its objectives.

The committee also reviews the balance of skills, knowledge and experience on the board of directors when considering the appointment of an executive director or when a vacancy arises for a non-executive director rather than annually as set out in paragraph B.2.3 of the NHS Foundation Trust Code of Governance.

The table below sets out the members of the committee during 2020/21 and the number of meetings at which each director was present and in brackets the number of meetings that the director was eligible to attend.

	24/06/20	30/09/20	16/12/20	31/03/21
Susan Symington (Chair)	Cancelled	✓	✓	Cancelled
David Watson		-	Ap	
Jenny McAleese		✓	✓	
Lynne Mellor		✓	✓	
Lorraine Boyd		✓	✓	
Steven Holmberg		✓	✓	
Jim Dillon		✓	✓	
Matt Morgan		✓	Ap	

Key officers attended the meeting to provide assurance to the Committee, including: -

Name	Designation
Simon Morritt	Chief Executive
Polly McMeekin	Director of Workforce and Organisational Development

The Chief Executive is a member of the committee for decisions relating to the appointment or removal of executive directors only.

No independent consultants, who materially assisted either of the committees in their consideration of any matter, were engaged to provide advice or services to the Remuneration Committee or the Non-Executive Director Nomination and Remuneration committee during the year under report.

Nomination and Remuneration Committee

The Council of Governors Nomination and Remuneration Committee is responsible for making recommendations to the Council of Governors on the following:

- Appointment and remuneration of the Chair and Non-Executive Directors
- Appraisal of the Chair
- Approval of appointment of the Chief Executive
- Succession Planning for posts of Chair and Non-Executive Directors

One Non-Executive Director (NED) reached the end of their tenure in 2020/21 – Jennie Adams. An Appointments Panel was convened to replace her, resulting in the appointment of David Watson. The Council of Governors also approved the recommendation to reappoint Susan Symington, Trust Chair, for a further year with effect from 1 April 2021. During 2019/20 the Committee discussed NED succession planning and agreed the

appointment of a Stakeholder NED from HYMS, to strengthen the link between the Trust and the Medical School, and appointed Professor Matt Morgan, Deputy Dean and Professor of Renal Medicine and Medical Education. The Stakeholder NED role is a voting role.

Non-Executive Directors are appointed on fixed term contracts, normally three years in length, and they do not gain access to the Pension Scheme as a result of this engagement. The fee payable to Non-Executive Directors is set out on page 92. They do not receive any other payments from the Trust.

The Council of Governors Nomination and Remuneration Committee and its membership comprises the Chair, the Lead Governor and 6 Governors.

There were 5 meetings of the committee during this financial period, and the members' attendance is set out below:

	22/07/20	01/09/20	28/09/20	21/11/20	23/02/21
Susan Symington	√	√	√	√	√
Margaret Jackson	√	√	√	√	√
Catherine Thompson	√	√	√	√	√
Gerry Richardson	√	√	Ap	√	√
Helen Fields	√	√	Ap	√	√
Jeanette Anness	√	√	√	√	√
Gerry Robins	-	-	-	-	√
Stephen Hinchliffe	√	√	√	√	√
Mick Lee	√	√	√	-	-
Rob Wright	√	Ap	Ap	-	-

The Trust Secretary services the committee and provides advice to the committee.

Disclosures required by Health and Social Care Act

Remuneration for senior managers is set out within the Salaries and Pension Entitlements of Senior Managers section of the Remuneration Report. For all other staff the Trust adheres to the national agenda for change guidelines for the setting of pay and notice periods.

The expenses of Directors and Staff Governors are reimbursed in accordance with the Trust's policy on expenses applicable to all staff. Travel and other costs and expenses for all other Governors are reimbursed in accordance with a separate policy approved by the Nomination and Remuneration Committee, made up of the Non-Executive Directors. Governors are volunteers and do not receive any remuneration for their roles.

Salaries and pension entitlements of Senior Managers subject to Audit

a) Salary

Name and Title	2020-21					
	Salary and Fees	Taxable benefits	Annual PerformanceRelated Bonus	Long Term Performance Related Bonus	Pension Related Benefits	Total
	£000's Bands of £5,000	£s Nearest £100	£000's Bands of £5,000	£000's Bands of £5,000	£000's Bands of £2,500	£000's Bands of £5,000
Executive Directors						
Mr S Morritt Chief Executive	200-205	1,200	-	-	-	200-205
Mr A Bertram Finance Director & Deputy Chief Executive	150-155	1,400	-	-	10-12.5	160-165
Mr J Taylor Medical Director	200-205	7,000	-	5-10	-	215-220
Mrs W Scott Chief Operating Officer	140-145	10,600	-	-	5-7.5	155-160
Ms P McMeekin Director of Workforce & Organisational Development	130-135	-	-	-	25-27.5	155-160
Mrs H NcNair Chief Nurse	140-145	900	-	-	30-32.5	175-180
Mr D Roberts Chief Digital Information Officer	90-95					
Non-Voting Directors						
Mrs L Brown Director of Communications	100-105	-	-	-	20-22.5	120-125
Non-executive Directors						
Ms S Symington Chairman	55-60	-	-	-	-	55-60
Mr D Watson Non-Executive Director	5-10	-	-	-	-	5-10
Dr S Holmberg Non-Executive Director	10-15	-	-	-	-	10-15
Mr J Dillon Non-Executive Director	10-15	-	-	-	-	10-15
Mrs J Adams Non-Executive Director	5-10	-	-	-	-	5-10
Mrs J McAleese Non-Executive Director	15-20	-	-	-	-	15-20
Ms L Mellor Non-Executive Director	15-20	-	-	-	-	15-20
Dr L Boyd Non-Executive Director	15-20	-	-	-	-	15-20
Prof M Morgan Non-Executive Director	15-20	-	-	-	-	15-20
Mid Point of the Band of the highest paid director's total salary (£'000)	217.5					
Median Total Remuneration	£28,829					
Remuneration Ratio	7.54					

* Amounts shown above in brackets are negative figures.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension

rights. This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table (below) provides further information on the pension benefits accruing to the individual.

Taxable benefits listed above relate to those executive directors who are in receipt of a Trust business lease cars.

Those directors' salaries above which include elements for clinical roles are:

- Mr J Taylor salary for clinical role £160,176.
- Mr J Taylor also receives a Clinical Excellence Award which is presented in the Long Term Performance related bonus section above.

Mr D Roberts appointment as Chief Digital Information Officer (with voting rights) started on 10 August 2020.

Mrs J Adams appointment as a Non-Executive Director ended on 31 August 2020.

Mr M Morgan appointment as a Non-Executive Director started on 1 June 2020.

Mr D Watson appointment as a Non-Executive Director started on 2 November 2020.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The mid-point of the banded remuneration of the highest paid director in York Teaching Hospital NHS Foundation Trust in the financial year 2020/21 £215-220 (2019/20 was £210-215).This was 7.54 times (2019/20, 7.57) the median remuneration of the workforce, which was £28,829 (2019/20 £28,089).

In 2020/21, 3 employees (2019/20, 4) received remuneration in excess of the highest paid director. Remuneration ranged from £7,953 to £229,628 (2019/20 £12,356 to £271,870).

Employees receiving nil basic pay and nil whole time equivalents have been excluded from the calculations as these relate to one-off individual payments and would distort the overall figures.

Payments made to agency staff and bank staff has also been excluded as these mainly relate to payments made to cover long term absence of existing employees whose whole time, full year equivalent remuneration is already included in the calculation. To include the payments made to agency staff would also distort the overall figures.

Total remuneration includes salary, non-consolidated performance related pay and benefits in kind. It does not include severance payments employer pension contributions and the cash equivalent transfer value of pensions.

Name and Title	2019/20					
	Salary and Fees	Taxable benefits	Annual Performance Related Bonus	Long Term Performance Related Bonus	Pension Related Benefits	Total
	£000's Bands of £5,000	£s Nearest £100	£000's Bands of £5,000	£000's Bands of £5,000	£000's Bands of £2,500	£000's Bands of £5,000
Executive Directors						
Mr S Morritt Chief Executive	130-135	3,500	-	-	37.5-40.0	170-175
Mr M Proctor Interim Chief Executive	65-70	-	-	-	-	65-70
Mr A Bertram Finance Director & Deputy Chief Executive	150-155	11,500	-	-	27.5-30.0	190-195
Mr J Taylor Medical Director	200-205	6,800	-	5-10	-	210-215
Mrs W Scott Chief Operating Officer	140-145	10,300	-	-	0-2.5	150-155
Ms P McMeekin Director of Workforce & Organisational Development	130-135	-	-	-	47.5-50.0	180-185
Mrs H Hey Interim Chief Nurse	25-30	-	-	-	15.0-17.5	45-50
Mrs H NcNair Chief Nurse	105-110	-	-	-	42.5-45.0	150-155
Non-Voting Directors						
Mr B Golding Director of Estates & Facilities	85-90	-	-	-	-	85-90
Mrs L Brown Acting Director of Communications	95-100	-	-	-	45.0-47.5	140-145
Non-executive Directors						
Ms S Symington Chairman	55-60	-	-	-	-	55-60
Professor D Willcocks Non-Executive Director	0-5	-	-	-	-	0-5
Mr S Holmberg Non-Executive Director	10-15	-	-	-	-	10-15
Mr J Dillon Non-Executive Director	10-15	-	-	-	-	10-15
Mrs J Adams Non-Executive Director	15-20	-	-	-	-	15-20
Mr M Keaney Non-Executive Director	15-20	-	-	-	-	15-20
Mrs J McAleese Non-Executive Director	15-20	-	-	-	-	15-20
Ms L Mellor Non-Executive Director	15-20	-	-	-	-	15-20
Dr L Boyd Non-Executive Director	15-20	-	-	-	-	15-20
Band of highest paid director's total salary (£'000)	212.5					
Median Total Remuneration	£28,089					
Remuneration Ratio	7.57					

* Amounts shown above in brackets are negative figures.

Pension Related Benefits relate to the annual increase in accrued pension entitlement adjusted for the employee contributions made during the year.
Those directors' salaries above which include elements for clinical roles are:

- Mr J Taylor salary for clinical role £153,438.
- Mr J Taylor also receives a Clinical Excellence Award which is presented in the Long Term Performance related bonus section above.

Mr M Proctor retired from his post as Interim Chief Executive on the 31 July 2019.

Mr B Golding resigned from his non-voting honorary contract as Director of Estates & Facilities on 20 December 2019. His post as managing director of the Group's subsidiary company continued until the 31 March 2020 when he retired.

Mrs H Hey appointment as Interim Chief Nurse (with voting rights) ended on the 30 June 2019.

Mr S Morritt joined the Trust as Chief Executive on the 5 August 2019.

Mrs H McNair joined the Trust as Chief Nurse (with voting rights) on the 1 July 2019.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The mid-point of the banded remuneration of the highest paid director in York Teaching Hospital NHS Foundation Trust in the financial year 2019/20 £210-215 (2018/19 was £210-215).This was 7.57 times (2018/19, 7.94) the median
remuneration of the workforce, which was £28,089 (2018/19 £27,147).

In 2019/20, 4 employees (2018/19, 6) received remuneration in excess of the highest paid director. Remuneration ranged from £12,356 to £271,870 (2018/19 £7,235 to £251,279).

Employees receiving nil basic pay and nil whole time equivalents have been excluded from the calculations as these relate to one-off individual payments and would distort the overall figures.

Payments made to agency staff and bank staff has also been excluded as these mainly relate to payments made to cover long term absence of existing employees whose whole time, full year equivalent remuneration is already included in the calculation. To include the payments made to agency staff would also distort the overall figures.

Total remuneration includes salary, non-consolidated performance related pay and benefits in kind. It does not include severance payments employer pension contributions and the cash equivalent transfer value of pensions.

b) Pensions

	(a) Real increase in pension at pension age	(b) Real increase in pension lump sum at pension age	(c) Total accrued pension at pension age at 31 March 2021	(d) Total Lump Sum at pension age related to accrued pension at 31 March 2021	(e) Cash Equivalent Transfer Value at 1 April 2020	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2021	(h) Employer's contribution to stakeholder pension
Name	**Bands of £2500**	**Bands of £2500**	**Bands of £5000**	**Bands of £5000**	**£000**	**£000**	**£000**	**£000**
Mr S Morritt Chief Executive	0	0	70-75	165-170	1,416	0	1,440	0
Mr A Bertram Finance Director & Deputy Chief Executive	0-2.5	0-2.5	60-65	130-135	1,059	24	1,123	0
Mr J Taylor Medical Director	0	0	55-60	170-175	1,108	0	1,126	0
Mrs W Scott Chief Operating Officer	0-2.5	(0-2.5)*	50-55	120-125	970	23	1,024	0
Ms P McMeekin Director of Workforce & Organisational Development	0-2.5	2.5-5	20-25	40-45	303	16	342	0
Mrs H McNair Chief Nurse	0-2.5	5-7.5	65-70	190-195	1,437	65	1,547	0
Mr D Roberts Chief Digital Information Officer	0-2.5	0	0-5	0	0	8	21	0
Mrs L Brown Acting Director of Communications	0-2.5	(0-2.5)*	20-25	40-45	304	10		0

* Amounts shown above in brackets are negative figures.

The following directors have opted in to the NHS Pension scheme:

- Mr A Bertram
- Ms P McMeekin
- Mrs W Scott

As Non-Executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-executive Directors.

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the NHS pension scheme. They also include any additional

pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Simon Morritt
Chief Executive
11 June 2021

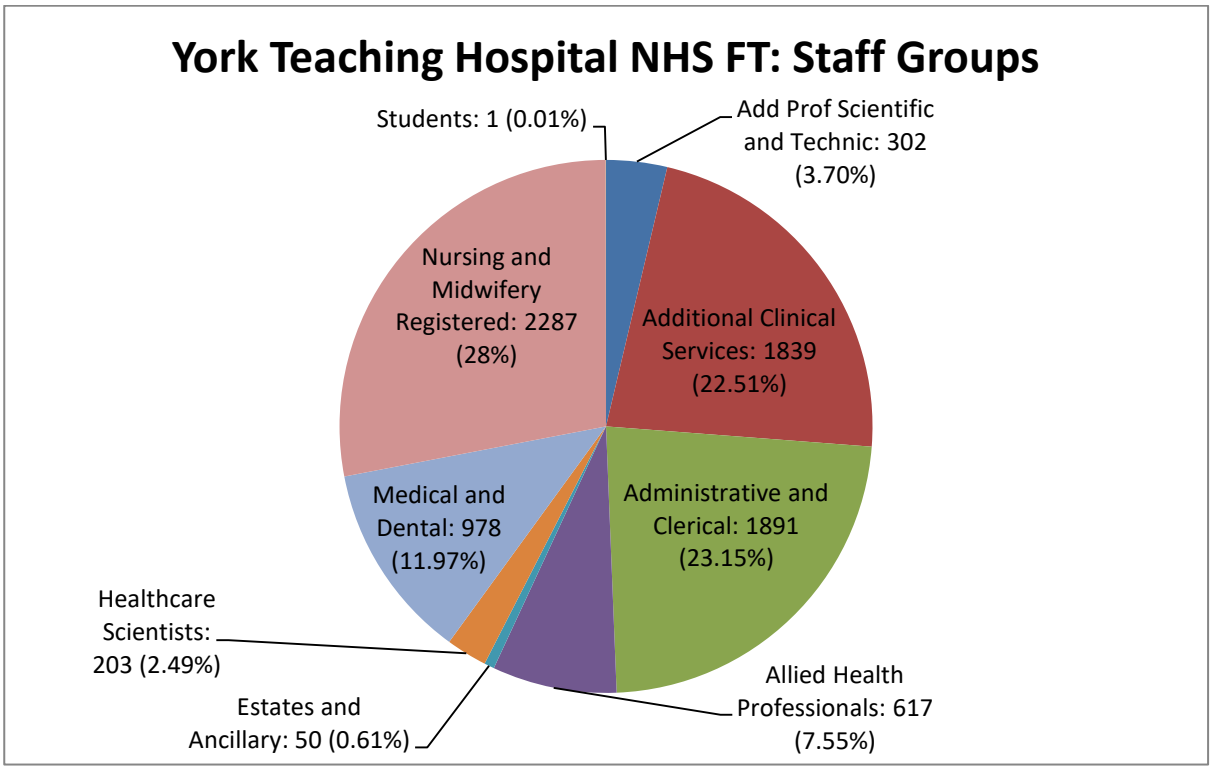
Staff Report

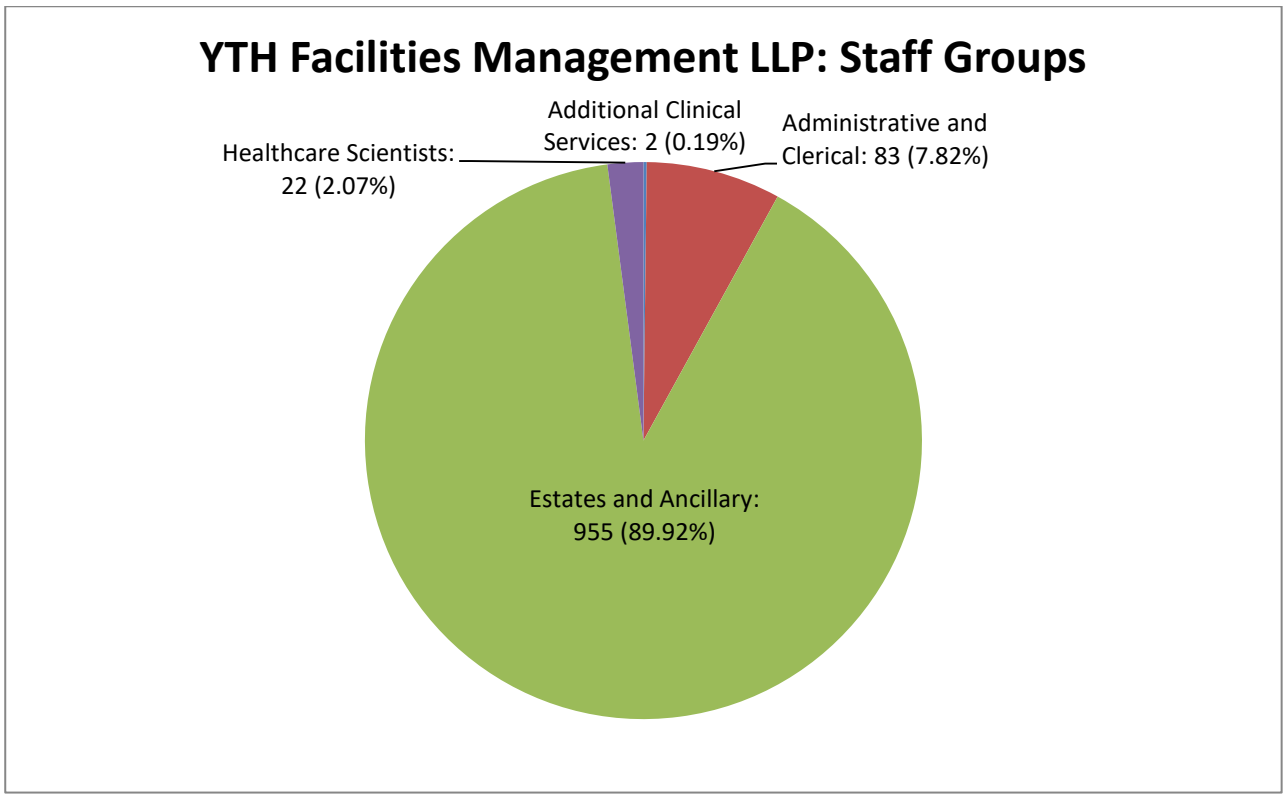
Staff Numbers - The table below provides a summary of the staff employed by the organisation during 2020/21, broken down by age, ethnicity, gender and recorded disabilities. York Teaching Hospital NHS Foundation Trust has 7,315 permanent employees and 853 staff holding fixed term contracts. York Teaching Facilities Management has 1,029 permanent employees and 33 staff holding fixed term contracts.

			York Teaching Hospital NHS FT		YTH Facilities Management	
	Staff 2020-21	%	Staff 2020-21	%	Staff 2020-21	%
Age						
<=20 years	50	**0.54%**	39	**0.48%**	11	**1.04%**
21-25	648	**7.02%**	609	**7.46%**	39	**3.67%**
26-30	1085	**11.76%**	1011	**12.38%**	74	**6.97%**
31-35	1226	**13.28%**	1129	**13.82%**	97	**9.13%**
36-40	1082	**11.72%**	976	**11.95%**	106	**9.98%**
41-45	1024	**11.09%**	931	**11.40%**	93	**8.76%**
46-50	1147	**12.43%**	1027	**12.57%**	120	**11.30%**
51-55	1168	**12.65%**	1006	**12.32%**	162	**15.25%**
56-60	1076	**11.66%**	889	**10.88%**	187	**17.61%**
61-65	594	**6.44%**	460	**5.63%**	134	**12.62%**
66-70	107	**1.16%**	75	**0.92%**	32	**3.01%**
>=71 years	23	**0.25%**	16	**0.20%**	7	**0.66%**
Ethnicity						
Asian or Asian British	8	**0.09%**	8	**0.10%**	0	**0.00%**
Asian or Asian British – Bangladeshi	10	**0.11%**	10	**0.12%**	0	**0.00%**
Asian or Asian British – Indian	251	**2.72%**	245	**3.00%**	6	**0.56%**
Asian or Asian British - Pakistani	30	**0.33%**	30	**0.37%**	0	**0.00%**
Asian or Asian British – Sinhalese	1	**0.01%**	1	**0.01%**	0	**0.00%**
Asian or Asian British – Tamil	1	**0.01%**	1	**0.01%**	0	**0.00%**
Asian (unspecified)	3	**0.03%**	3	**0.04%**	0	**0.00%**
Any other Asian background	166	**1.80%**	162	**1.98%**	4	**0.38%**
Any other Black background	10	**0.11%**	10	**0.12%**	0	**0.00%**
Black or Black British	1	**0.01%**	1	**0.01%**	0	**0.00**

Black or Black British – African	129	**1.40%**	125	**1.53%**	4	**0.38%**
Black or Black British – Caribbean	24	**0.26%**	21	**0.26%**	3	**0.28%**
Black Nigerian	1	**0.01%**	1	**0.01%**	0	**0.00%**
Chinese	34	**0.37%**	34	**0.42%**	0	**0.00%**
Filipino	49	**0.53%**	49	**0.60%**	0	**0.00%**
Malaysian	2	**0.02%**	2	**0.02%**	0	**0.00%**
Mixed (any mixed background)	92	**1.00%**	88	**1.08%**	4	**0.38%**
Not stated	264	**2.86%**	224	**2.74%**	40	**3.77%**
Other	85	**0.92%**	78	**0.95%**	7	**0.66%**
Unspecified	20	**0.22%**	15	**0.18%**	5	**0.47%**
White (any white background)	8049	**87.20%**	7060	**86.43%**	989	**93.13%**
Gender						
Female	7130	**77.25%**	6534	**80%**	596	**56.12%**
Male	2100	**22.75%**	1634	**20%**	466	**43.88%**
Recorded disabilities						
Yes	273	**2.96%**	247	**3.02%**	26	**2.45%**
No	6968	**75.49%**	5978	**73.19%**	990	**93.22%**
Not Declared	197	**2.13%**	155	**1.90%**	42	**3.95%**
Prefer not to answer	2	**0.02%**	1	**0.01%**	1	**0.09%**
Unspecified	1790	**19.39%**	1787	**21.88%**	3	**0.28%**

Pie charts of staff group breakdowns split by Trust and LLP:





Gender Profile - The breakdown below includes information about female and male staff at the end of the year. The data is split by directors, senior managers and the remainder of the workforce.

York Teaching Hospital NHS FT

	Female		Male		Total
	Headcount	% of group	Headcount	% of group	
Directors	8	50%	8	50%	16
Managers	28	63.64%	16	36.36%	44
All other staff	6498	80.14%	1610	19.86%	8108

YTH Facilities Management

	Female		Male		Total
	Headcount	% of group	Headcount	% of group	
Directors	0	0%	2	100%	2
Managers	12	37.5%	20	62.5%	32
All other staff	584	56.81%	444	43.19%	1028

Staff Costs – In line with the HM Treasury requirements, some previous accounts disclosures relating to staff costs are now required to be included in the Staff Report section of the Annual Report instead. The following tables link to data contained in the Trust's Consolidated Accounts and are included here for ease of formatting for the annual

report. They should not be included in the annual accounts and these tables are not a complete list of numerical disclosures for the staff report.

The figures below break down the substantive staff in post during the year by staff group (headcount):

Staff costs

	Group			
			2020/21	2019/20
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	254,301	65,050	**319,351**	282,845
Social security costs	24,862	6,360	**31,222**	27,608
Apprenticeship levy	1,229	314	**1,543**	1,410
Employer's contributions to NHS pension scheme	40,316	10,313	**50,629**	46,905
Pension cost - other	229	59	**288**	297
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Temporary staff	-	15,611	**15,611**	20,177
NHS charitable funds staff	-	-	**-**	-
Total gross staff costs	**320,937**	**97,707**	**418,644**	**379,242**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**320,937**	**97,707**	**418,644**	**379,242**
Of which				
Costs capitalised as part of assets	1,061	-	**1,061**	1,264

Average number of employees (WTE basis)

	Group			
			2020/21	2019/20
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	421	808	**1,229**	1,015
Ambulance staff	-	-	**-**	-
Administration and estates	1,544	110	**1,654**	1,797
Healthcare assistants and other support staff	1,461	350	**1,811**	1,614
Nursing, midwifery and health visiting staff	2,411	496	**2,907**	2,479
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	946	57	**1,003**	996
Healthcare science staff	391	13	**404**	376
Social care staff	-	-	**-**	-
Other	-	-	**-**	-
Total average numbers	**7,174**	**1,834**	**9,008**	**8,277**
Of which:				
Number of employees (WTE) engaged on capital projects	19	-	**19**	-

Reporting of compensation schemes – exit packages 2020/21 - The Group does not have any compensation schemes – exit packages or other non-compulsory departure payments to report for 2020/21.

Sickness Absence Rates - The Department of Health and Social Care Group Accounting Manual requires the sickness absence data for NHS bodies to be reported in the annual report on a calendar year basis. The most current data for the Trust for the calendar year 2020 can be found at: NHS Sickness Absence Rates - NHS Digital

Being Attractive to New Staff - Between January 2020 and January 2021, the number of staff on the Trust's payroll increased from 8,900 to 9,196. This included a net increase of 41.32 FTE registered nurses, and 51.06 FTE medical and dental staff (numbers based on the difference between the number of starters and leavers from the organisation during the 12-month period). This helped reduce vacancy rates for nurses from 8.1% (February 2020) to 7.4% (January 2021); and 10.7% to 8.5% (same period) for medical and dental staff. Improved retention rates were an additional factor in this progress (retention rates increased from 87.8% to 90.3%).

Due to the Covid-19 pandemic, the Trust's recruitment strategy in 2020/21 shifted to focus on several core elements:

- Providing high quality paid placements to nursing, midwifery and medical students connected with the University of York, Coventry University Scarborough and Hull York Medical School (HYMS). HYMS undergraduate numbers continue to increase and to assist with the growing curricular demands, new Teaching Fellow posts have been established, in total 5 WTE.

  The Trust continues to work closely with local universities to support the delivery of the BSc Nursing and Midwifery programmes. Increasing numbers of students has necessitated a review of placement capacity which has resulted in a 35% increase in placement availability.

  A total of 101 students joined the Trust for the first wave of the pandemic; and 81 during the second wave. The Trust hopes their experiences persuade them to choose the organisation as their employer of choice and the place to begin their careers post-qualification.

- Re-starting international recruitment. The Trust has faced a number of hurdles during the pandemic, including flight bans, strict quarantine rules, logistical issues with training and induction due to social distancing/redeployment of registrants in the training team, and reduced access to NMC-accredited OSCE centres. The organisation has succeeded in overcoming these challenges, notably bringing 42 nurses to York and Scarborough Hospitals between October 2020 and March 2021. A further 138 arrivals are planned in the 2021/22 financial year.

- Increased digital marketing and engagement through virtual events. Examples include the deployment of short careers videos produced for sharing with schools and colleges in lieu of careers events, a six-month campaign coordinated by JustR on Facebook to attract nurses to the organisation, and a range of virtual recruitment and careers events, including the Scarborough Leadership and Management event for doctors in training in October, nurse recruitment events in December, January

and March, and a general careers event with undergraduates at the University of York in January.

- Improving educational support. The Trust continues to see an increase in established Medical and Dental training posts year on year across sites rising from 270 in 2018 to 450 in August 2020. A number of work streams have been implemented to support these increases including:

    - A programme of career support and education for Trust Grade (non-training) doctors including taking on supervision. There have been a number of successes; with doctors achieving their CREST (Certificate of Readiness to Enter Specialty Training), allowing them to enter specialty training and progress their careers.
    - A period of protected Self Development Time (SDT) has been incorporated into the educational element of work schedules for Foundation Trainees to support their ongoing learning.
    - Continued monitoring of Trainer Accreditation. All trainers / supervisors need to demonstrate that they have engaged in educational activity / training at appraisal. All current trainers are compliant with GMC expectations.

- Wider engagement - Collaborative work continues with local Colleges and the larger ICS footprint, to provide insight for students into roles within the NHS. For example a number of Scarborough College students work alongside the clinical skills technician team in the use of special effects make-up and prosthetics to enhance realism in trauma training. Students have worked on models for Advanced Trauma Life Support to be used in courses in March and June 2021.

- Changes to on-boarding new staff. Following the Trust's involvement in the national Streamlining Project 'Enabling Staff Movement' and the need to align mandatory training to the Skills for Health Core Skills Training Framework (CSTF), the content and refresher periods for the Trust mandatory programme have been revised. The onset of Covid-19 has seen all topics on the mandatory training and Corporate Induction programmes, with the exception of Resuscitation training, move to blended provision, the majority of which has had to be rapidly developed online. This supports transition of new employees into the organisation by recognising prior learning from other health care employers and eliminates the need for duplication of training.

These strategies have been backed up with work to improve: job design, for example with the launch of the Trust's Agile, Alternative and Flexible Working Policy, designed to offer greater opportunity for flexible working for staff from the very beginning of employment; investment in on-boarding and induction via central funding from NHSE/I; and improvement to facilities at both hospitals, including renovation of the doctors' messes and rest facilities.

Workforce Fit for the Future - The People Plan expects innovation across the Care system, enabling cross team, and cross speciality roles and partnerships. It emphasises multidisciplinary working starting with education, placements and roles that fit service needs rather than strict adherence to historical models, supported by robust governance. The Trust has embraced this change with a number of 'new' roles and together with HEI partners is reviewing education provision against new standards e.g. Nursing and Midwifery Council (NMC). The ongoing pandemic has resulted in some of those changes being implemented more quickly than originally planned.

During the pandemic the Trust has been at the forefront of designing new teaching e.g. a new local Core Surgical Training programme, and providing enhanced pastoral and clinical training support to individual staff who have been absent from the clinical environment for more than 3 months. This includes the introduction of a Support (Return to Training) Champion. Both Postgraduate and Undergraduate Centres have continued to provide education during Covid-19, both virtually and face to face, by reconfiguring teaching space, reviewing teaching programmes and developing online environments. Commendation has been received both from HEE and the Royal College of Surgeons due to the continuation of practical skills training and simulation.

Work continues with the Royal College of Surgeons to roll out START (pre-cursor to Care of the Critically Ill Surgical Patient course) for Foundation doctors and a new cancer surgery course for obstetrics and gynaecology and surgical trainees. START has been developed and piloted at York, the new cancer course has still to be piloted and once implemented will be the only one of its kind in the UK.

GP Training schemes will be moving to a more regional 'GP Training Hub' model from April 2022 which will enable centralised administration and sharing of teaching resources / placements across the care system.

Career Pathways - Development of the career pathways for nursing related roles continues to grow. 37 have completed their training up to January 2021, with 37 still on programme. Recently a 'Recognition of Prior Learning' (RPL) process has been agreed with Coventry University Scarborough, facilitating the transition of trainee nurse associates and assistant practitioners onto 'top up' degree programmes. Twenty five trainee nurse associates will start the RNDA (Registered Nurse Degree Apprenticeship) between March 2021 and March 2022, completing an 18 month programme rather than the usual three years.

Twelve apprentices coming from both adult and paediatric nursing backgrounds commenced the new Registered Nurse Degree Apprenticeship, a three year programme, in September 2020.

Assistant practitioner training continues with 20 staff currently on programme with the University of Leeds. There are also ten existing assistant practitioners undertaking the RPL process with a view to commencing the RNDA top up degree in September 2022. Other clinical apprenticeships include senior healthcare support worker, operating department practitioner, and mammography associate.

Apprenticeships - The implementation of the Apprenticeship Reforms (England) 2017 in relation to public sector bodies stated that those with 250 or more staff in England had a target to employ at least 2.3% of that headcount as new apprentice starts over the period of 1 April 2017 to 31 March 2021. This is supported by the Apprentice Levy based on 0.5% of total salary costs per month, paid by the Trust and held in a digital account.

The Trust's target equates to 207 apprentices for 2020/21. Since 2017, the Trust has employed a total of 342 apprentices (new recruits and existing staff), some of whom have now completed their apprenticeship, and continues to offer a large portfolio of programmes. New this year are the registered nurse degree, operating department practitioner, leadership and management and information technology-based apprenticeships.

Collaboration with clinical and Care Group leads, Health Education England Yorkshire and Humber and regional partners has opened up places on specialist apprenticeship programmes. At the onset of Covid-19; 'breaks in learning' were initiated for 54 apprentices; by September 2020, 53 had been supported to restart their programme.

HYMS - The first peak of Covid-19 impacted the Trust's ability to deliver clinical placement activity for all students including HYMS (Hull York Medical School) students. However, Tutors maintained teaching delivery where possible via on-line platforms. Sadly, much clinical placement time was lost. Flexibility and innovation have been utilised for students returning to clinical placements in September 2020, to provide timetabled 'catch up' skills sessions and additional teaching based on an individual's requirements.

Alternative Workforce Roles - Physician Associate is one of several new roles embedded in the organisation across a number of specialities. The 2018 Cohort of Physician Associates successfully completed their two year preceptorship in October 2020. Of the original 11, seven remain and have successfully been appointed to permanent employment in their chosen speciality. The remaining vacant posts, plus additional new posts, were advertised externally and the new Physician Associates started work in January 2020 in a broad range of specialities including ear, nose and throat and trauma and orthopaedics. They will be supported with a preceptorship period.

The Trust currently has 41 Advanced Clinical Practitioners, 20 qualified, 14 completing their academic work in 2021 and the remaining seven in 2022. Future cohorts will be apprenticeships using the new advanced clinical practitioner apprenticeship standard.

With all the changes to roles and education the need for access to evidence based practice and research materials has grown. Support is provided by the Library and Information team and access to digital content e.g. 'E' books has been increased. The E-Resources Librarian continues to work on knowledge management projects and in conjunction with HEE has developed the local version of the 'Doctor Toolbox' App (launched in February 2021). This provides immediate access to information including care pathways, Trust policies etc for any clinical staff on their mobile devices.

Looking after our Current Workforce and protecting their Health and Wellbeing - In July 2020 the NHS People Plan was published. This national document acknowledged the new and unprecedented pressures facing NHS staff as a result of Covid-19. It also set out the focus and expectations of how the NHS should look after its employees, with more people, working differently, in a compassionate and inclusive culture as the cornerstone for improvements for 2020/21 and beyond.

In response the Trust developed a Trust wide Workforce People Plan Action Plan, launched in September 2020, reflecting the priorities set out nationally and aligned to the impact of the Covid-19 pandemic on NHS staff. One of the key priority themes was health and wellbeing.

These Health and Wellbeing actions replaced the existing Health and Wellbeing Strategy Action Plan 2019-24 (which had originally been developed to support the overarching five-year Workforce and Organisational Development Strategy).

The focus in 2020-21 was supporting the mental health and emotional needs of staff as a result of the pandemic. The priority was to support the frontline NHS staff who were

reporting unprecedented levels of stress, exhaustion, fatigue, as well as the physical concerns that NHS frontline staff would be more likely to contract the virus. In contrast, large numbers of staff had to quickly adapt to working from home or to shielding which brought different emotional and health challenges for employees and for the Trust as the employer.

The response to the pandemic has seen a highly positive and collaborative approach to supporting staff wellbeing. This includes the regular emotional support and wellbeing meetings which are led by psychological medicine (staff wellbeing) and brings together the skills and knowledge of clinical teams, occupational health, organisational development, psychological medicine, HR, communications and chaplaincy teams.

This collaborative approach was again evidenced in the Covid-19 vaccination programme where the Trust committed to vaccinating colleagues across health and social care resulting in nearly 17,000 individuals across the region being vaccinated with first doses in just five weeks from 5 January.

The key 2020-21 health and wellbeing outcomes below remain grouped under headings which align to the best practice NHS Employers Health and Wellbeing Framework and Diagnostic Tool. Despite the immediacy and re-prioritisation of many wellbeing interventions since March 2020 which were developed as an urgent response to supporting our staff during the pandemic, the overarching health and wellbeing of staff remains rooted in a wider organisational context such as management behaviours, organisational culture and the physical working environment.

Outcomes in 2020/21 included:

Leadership and management	• Non-Executive Director appointed as Wellbeing Guardian from September 2020. • New sickness policy and guidance approved October 2020 and revised training developed in conjunction with ODIL rolled out from February 2021 • Covid-19 risk assessments completed for 94.5% of vulnerable staff by September 2020. • Covid-19 vaccination campaign saw 75.39% of all staff receive their first vaccination by February 2021. • Annual flu campaign focused largely on peer vaccination. 73% of frontline staff received a flu vaccination. • Specific wellbeing offer developed as part of the Covid-19 response, focusing on support for both physical and mental health. • HR continued to support and advise line managers to effectively manage sickness absence, through a proactive, flexible approach. • Board level engagement in health and wellbeing including a named Board Champion and reports to Board as appropriate. • Health and Wellbeing conversations embedded in annual appraisal discussions.

Communications and data	• Sickness absence has increased in the last 12 months, from a year to date figure of 4.54% in December 2019, to a year to date figure of 5.14% in December 2020. • Mental health related absence accounts for 27.63% of all absence in the year to December 2020, compared with 24.89% of all absence in the year to December 2019. • MSK absence accounts for 14.59% of all absence in the year to December 2020, compared with 15.42% of all absence in the year to December 2019. • Staff wellbeing page established as part of the Covid-19 intranet pages. • The Trust's Employee Assistance Provider changed to Spectrum Life from December 2020.
Healthy Working Environment	• Smoke free Trust implemented from August 2020. • Home Working Group established and new Agile Working Policy launched in 2020. Working from home resources developed by ODIL and all staff required to complete a DSE risk assessment for home work station. • Calm spaces introduced on all sites during the first wave of Covid-19. • Marquees introduced in Scarborough and York as additional staff break out spaces. • Weeks of reflection were held in July and October. • Health and wellbeing workshops continued during 2020/21, with virtual sessions covering healthy eating, being active, weight management, menopause and staying well during Covid-19. These sessions have been made available as recordings from early 2021. • Virtual health checks offered across the Trust from September 2020. • 12 week 'Step into Health' distance learning courses delivered through out 2020/21. • Bridlington hospital wellbeing space has continued to provide gym facilities to staff (where government directives have allowed use). • First cohort of 20 Mental Health First Aiders recruited and trained during early 2021. • Drop-in and 'time to think' sessions delivered through psychological wellbeing programme as part of extended support offer mid-Covid-19. • Supporting conversation and coaching sessions available to staff via ODIL. • Schwartz Rounds continued across the Trust during 2020/21 to provide emotional support and reflection time – additional regional funding has been confirmed to extend this offer. • 34 TiPI (Time in Post Incident) sessions were conducted between April and September 2020. The 260 staff involved were also offered RAFT (Risk Assessment following Trauma). • Risk Assessment Following Trauma (RAFT) is available to staff in order to support and signpost following a traumatic incident. To date 40 sessions have taken place.

Supporting Staff Development through the Pandemic:

Staff are now being offered development opportunities through live on-line events. This has proved successful with increasing numbers accessing workshops. Places on virtual workshops and programmes are now being offered to our wider partners from local hospices in York and Scarborough and in primary care.

A number of resources have been developed aimed to support staff working in different clinical areas and for those working at home, including providing targeted coaching offers to focus on building resilience and supporting staff returning to work following long term absence and shielding.

Culture and Engagement (Values and Behaviours)

At the end of 2019 through to early 2020, over 2,600 colleagues in the Trust shared over 25,500 ideas, comments and votes, of which almost 5,500 made a clear call for behaviours we should expect and those we should not tolerate.

We co-created, challenged and agreed that collectively, above all else we should value being kind, open and excellent. These are the powerful principles which people said should guide everything we do at the trust, without which we will be unable to achieve our shared vision. Under each of these values sit three key behaviours which provide clarity and direction about how everyone who works in our Trust should act. Our agreed values and behaviours are:

We are KIND meaning we:

- *Respect* and value each other
- Treat each other *fairly*
- Are *helpful* and seek help when we need it

We are OPEN meaning we:

- *Listen*, making sure we truly understand the point of view of others
- Work *collaboratively*, to deliver the best possible outcomes
- Are *inclusive*, demonstrating that everyone's voice matters

We pursue EXCELLENCE meaning we:

- Are *professional* and take pride in our work, always seeking to do our best
- Demonstrate *integrity*, always seeking to do the right thing
- Are *ambitious*, we suggest new ideas and find ways to take them forward, and we support others to do the same

These values and behaviours were included in our new 2020 appraisal process for non-medical staff. Further to this a behavioural framework has been produced and a project

plan has been developed to launch these values and behaviours in 2021 to start our cultural transformation.

Staff Survey - In 2020 the national annual staff survey results, compared York Teaching Hospital NHS Foundation Trust to a benchmark group of **128** 'Acute and Acute and Community Trusts'. This benchmark group is a change from previous years where we had been compared with 48 'Combined Acute and Community Trusts'. As in previous years a full census was undertaken with **36%** (43% 2019) completing the survey, totalling **2,831** (3,203 in 2019) respondents. This was below the benchmark group average of **45%** (47% in 2019).

The table below summarises by theme the results when compared with the 2019 survey and our benchmark group.

Theme	2019 Trust Results	2020 Trust Results	Trust change from 2019	2019 Benchmark Average Results	2020 Benchmark Average Results	Benchmark change from 2019	Trust Results against Benchmark Average 2020
Equality and Diversity and Inclusion	9.3	9.2	**0.1**	9.1	9.1	**0**	**0.1**
Health and Wellbeing	6.2	6.1	**0.1**	5.9	6.1	**0.2**	**0**
Immediate managers	6.8	6.7	**0.1**	6.9	6.8	**0.1**	**0.1**
Morale	6.2	6.2	**0**	6.1	6.2	**0.1**	**0**
Quality of Care	7.2	7.2	**0**	7.5	7.5	**0**	**0.3**
Safe Environment – Bullying and Harassment	8.1	8.1	**0**	8.0	8.1	**0.1**	**0**
Safe Environment - Violence	9.4	9.4	**0**	9.4	9.5	**0.1**	**0.1**
Safety Culture	6.4	6.5	**0.1**	6.7	6.8	**0.1**	**0.3**
Staff Engagement	6.9	6.9	**0**	7.0	7.0	**0**	**0.1**
Team Working	6.5	6.3	**0.2**	6.6	6.5	**0.1**	**0.2**

The Trust deteriorated in four themes, the most significant being Equality, Diversity and Inclusion and Team Working. Whilst the Trust made an improvement with Safety Culture there is some way to go (0.3) to exceed the average for our benchmark group.

Safe Environment – Bullying and Harassment maintained its score in-line with the average for our benchmark group. Morale and Staff Engagement; both key indicators for

organisational culture have remained unchanged from 2019 to 2020 although the benchmark indicates morale improved marginally across the NHS bringing it in line with our score and placing us behind the engagement benchmark group. Whilst Equality and Diversity has deteriorated for the Trust, it is still above average for our benchmark group. Health and Wellbeing just dipped in 2020 but is in-line with our benchmarked average.

Work is ongoing to produce action plans based on these results. The benchmarked reports provide five years of trend data to give us assurance the current results are reliable so we can consider 2020 results in a wider context. Further more detailed analysis will be undertaken at Trust and Care Group/Directorate level to inform action planning.

A significant aspect of our cultural transformation is linked to the Trust values and behaviours work. This work was paused at the start of the pandemic and will now progress to implementation.

Temporary Staffing - It has been a challenging year for temporary staffing with dramatic changes in the needs of the Trust as the organisation has navigated through the pandemic. We have seen unprecedented levels of demand, with over 3,000 nursing shifts requested a week. Positively, the bank has achieved its highest fill rates to date in response to this level of demand, with record numbers of shifts being covered on a weekly basis.

Notably the Trust recruited large volumes of bank workers at the start of the pandemic through fast track processes linked to the re-engagement of former staff and the quick on-boarding of workers. Over 175 AfC bank posts were created in a short period of time, with individuals being utilised across a variety of bank roles within the organisation. Most recently the temporary staffing team has facilitated the swift on-boarding of bank workers to help support the delivery of the Trust's vaccination hubs. Support for the hubs has been immense with over 175 bank contracts processed.

Following the initial success of Patchwork's Bank Management software for medical staff, the collaborative approach between Patchwork and the Trust has seen recruitment initiatives take the number of medics on the bank to in excess of 1,100. As a result of this the bank fill rates have jumped up to 93%.

Despite the heavy focus on bank recruitment for the pandemic, the temporary staffing team has continued to make some progress with the on-going work to centralise the management of all non-nursing, non-medical temporary staffing requirements. A number of areas have had their bank contracts centralised in the last year, with the remaining areas expected to complete in the coming months. The team will then start to work on the growth of our bank workforce across all staffing groups, thereby bringing the Trust in line with NHSE/I best practice guidelines to provide in-house solutions to temporary staffing rather than automatically defaulting to agency.

Throughout the year agency demand has fluctuated with the organisations needs dramatically reduced in the first wave following the cessation of services and redeployment of staff. Demand has grown once again but the industry has struggled to meet these needs, with issues as a result of the pandemic leaving the Trust struggling to source cover at its previous levels. The average demand for medical locum shifts increased dramatically from 350 shifts per month in March 2020 to 1,319 per month as at the end of January 2021. The challenge of supplying has resulted in increased agency rates and larger engagement of off framework agencies. In the coming year our teams will support with a renewed effort to

regain control of our agency use, with an initial focus on removing/reducing off framework supply once again.

Regionally the picture has been the same and there is a renewed interest to progress work with the North East Yorkshire and Lincolnshire Temporary Staffing Cluster, which unfortunately stalled during the last year. Chaired by the NOECPC, an options paper has been presented to the partner Trusts to explore how we can align agency supply and rates for nursing staff within the region and manage agency performance through this group. There is a clear commitment and desire across the patch to see this work progress and achieve an agreement this year.

The temporary staffing team has successfully implemented a new direct engagement system to support the utilisation of Allied Health Professional (AHP) agency bookings. The Trust manages 100% of our AHP agency bookings via this route, with the process delivering over £38k of savings for the organisation to date. Additionally the team continues to participate in the AHP Master Vendor Stakeholder Group chaired regionally by the NOECPC and through this are looking to be part of a regional agreement to renegotiate the AHP Master Vendor contract, with a focus on reducing rates and improving agency performance through a series of key performance indicators, all to the benefit of the Trust.

Medical direct engagement continues to grow too, with over 80% of agency locums now contracted under this model. The Trust aims to expand the coverage further in the coming year; a position supported now that all direct engagement bookings, whether via the Master Vendor agreement or not, can be processed through our current direct engagement provider. By processing more bookings through the direct engagement model the Trust will be able to achieve greater savings. Additionally, work to re-tender the direct engagement contract and the medical locum master vendor contract is scheduled to be undertaken in 2021. It is anticipated that a new direct engagement contract alone could present savings of over £100K for the Trust.

Levels of Attainment - The Trust achieved Level 1 in the eRostering Levels of Attainment for our ward based nursing and midwifery staff by having over 90% of the workforce on electronic rosters. Plans to implement eRostering more widely were delayed in the last year due to pressures around significant roster changes as a result of the pandemic. Positively, the eRostering Team were still able to support a small number of areas with the transition to eRostering. The team have updated plans to progress with the implementation this year, with a primary focus of achieving Level 1 for all nursing and midwifery staff, as well as AHPs by March 2022.

The organisations plans to implement eRostering across our medical workforce took a big step forward with the successful bid and funding awarded from NHSE/I to procure and implement eRostering software for medics. A two year implementation project is set to commence from April 2021. In conjunction with this project the Trust will review our eJob Planning software and look to maximise the benefits of job planning with electronic rostering.

Trade Union Facility Time Disclosures - The Trust will fulfil its obligations under the Trade Union (Facility Time Publication Requirements) Regulations for the year 2020-21 by reporting the information in July 2021 and then publicising this on the Trust website. The information reported for the financial year 2019/20 is as follows:

Number of Trade Union Representatives: ten
The percentage of time spent on facility time: 1-50% of working hours
The amount spent on facility time: £51,684
Percentage of pay spent on facility time: 0.01%
The percentage of paid facility time spent on paid trade union activities: 5.69%

Reporting High Paid Off-Payroll Arrangements - The Trust had no off-payroll engagements.

Disclosures set out in the NHS Foundation Trust Code of Governance

York Teaching Hospital NHS Foundation Trust has applied the principles of the NHS Foundation Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. The Trust reviewed its governance arrangements in light of the code and makes the following statements.

Directors - The Trust is headed by a Board; it exercises its functions effectively, efficiently and economically. The Board is a unitary Board and at the end of March 2021 consisted of a Non-executive Chair, seven Non-executive Directors and seven Executive Directors. Full details of members of the Board and changes to the membership of the Board during 2020-21 can be found on page 57. The Board meets a minimum of 12 times a year so that it can regularly discharge its duties.

The Board provides active leadership within a framework of prudent and effective controls and ensures it is compliant with the terms of its licence. In February 2018, the Trust underwent a Licence Review by NHSI which focused on the Trust's business model and sustainability. All enforcement notices have been lifted. Further reference is made to this in the Annual Governance Statement on page 152**.**

The Non-executive Directors hold Executive Directors accountable through scrutiny of performance outcomes, management of business process systems and quality controls, and satisfy themselves as to the integrity of financial, clinical and other information. Financial and clinical quality control systems of risk management are robust and defensible.

The Non-executive Directors, through the Remuneration Committee, fulfil their responsibility for determining appropriate levels of remuneration of Executive Directors. The Committee is provided with benchmark data to support decisions being made about the level of remuneration for the Executive Directors. More details about the Remuneration Committee can be found on page 88.

The Board reviews the strategic aims and takes responsibility for the quality and safety of healthcare services, education, training and research. Day-to-day responsibility is devolved to the Executive Directors and their teams. The Board of Directors is committed to applying the principles and standards of clinical governance set out by NHSE/I, the Department of Health and the Care Quality Commission. As part of the planning exercise, the Board of Directors reviews its membership and undertakes succession planning.

The Board of Directors has reviewed its values and standards to ensure they meet the obligations the Trust has to its patients, members, staff and other stakeholders as part of the work around the 5 Year Strategy.

The appointment process for the Chair and Non-executive Directors is detailed on pages 115 & 116 and forms part of the information included in the Standing Orders written for the Council of Governors. Each year the Chair and Non-executive Directors receive an appraisal which is reviewed by the Council of Governors. The Chair undertakes an appraisal of the Chief Executive and the Chief Executive undertakes the appraisal of the Executive Directors. Details of the approach to appraisals can be found on page118 of this report.

Members of the Board of Directors regularly attend the Council of Governors and discuss issues with the Governors. The Non-executive Directors attend the private section of the Council of Governors and are involved in committees and groups where the Governors are members or attend the meetings. A Board to Council of Governors is held a minimum of once a year and the agenda for this meeting is determined by the Council of Governors.

The Chair - A clear statement outlining the division of responsibility between the Chair and the Chief Executive has been approved by the Board of Directors.

Council of Governors - The Trust has a Council of Governors that is responsible for representing the interests of the members of the Trust, partners, voluntary organisations within the local health economy and the general community served by the Trust. Governors and their constituencies are identified on page 124. The Council of Governors holds the Board of Directors to account for the performance of the Trust, including ensuring the Board of Directors acts within the terms of the Licence. Governors feedback information about the Trust to Members and the local community through a monthly newsletter, information placed on the Trust's website and public Council of Governor meetings.

The Council of Governors consists of elected and appointed Governors. More than half of the Governors are Public Governors elected by members of the Trust. Elections take place once a year. The next elections will be held during summer 2021 subject to the pandemic situation.

The Council of Governors has in place a process for the appointment of the Chair which includes understanding the other commitments a prospective candidate has. The Council of Governors appointed a new Chair during 2014/15 who took up office from 1 April 2015. The Chair has confirmed to the Council of Governors that she has no other significant commitments, other than as a Non-executive Director at the Beverley Building Society.

Information, Development and Evaluation - The information received by the Board of Directors and Council of Governors is timely, appropriate and in a form that is suitable for members of the Board and Council to discharge their duty.

Development is provided throughout the year for Governors and Non-executive Directors in a number of formats.

The Council of Governors has agreed the process for the evaluation of the Chair and Non-executive Directors and the process for appointment or re-appointment of the Non-executive Directors.

The Chair, having sought the views of the Non-executive Directors and Executive Director Board members, reviews the performance of the Chief Executive as part of the annual appraisal process.

The Chief Executive evaluates the performance of the Executive Directors on an annual basis and the outcome is reported to the Chair. The Chair and Non-Executive Directors provide the Chief Executive with their view of the Executive Directors' performance in the Board meeting.

Performance Evaluation of the Board and its Committees – Deloitte, who have no other connection to the Trust, conducted a well-led review in June/July 2019 which overlapped with that conducted by the CQC. The Deloitte review included interviews with key staff and observation of the Board and Committees.

The key findings were that the Trust required a Board development programme and the Resources and Quality Committees should move back to monthly meetings instead of bimonthly.

A development programme for 2020/21 was approved by the Board in December 2019 and commenced in January 2020. Due to the Covid-19 pandemic the programme was suspended and will recommence in 2021.

The Board's sub-committees produce an annual report each year which is presented to the Board. The report sets out the work of the committees and their performance against their respective Terms of Reference.

Further information about the CQC visits to the Trust can be found on pages 139 & 151 of the Annual Report and Annual Governance Statement.

Appointment of Members of the Board of Directors - The Council of Governors is responsible for the appointment and/or removal of the Chair and Non-executive Directors. The Governors have a standing Nominations/Remuneration Committee which takes responsibility for leading the process of appointment/removal on behalf of the Council of Governors. The Non-executive Directors are responsible for the appointment of the Executive Directors, including the Chief Executive. The Council of Governors is required to approve the appointment of the Chief Executive.

The Process for the Appointment of the Chair - During 2014 the Council of Governors and the Governors' Nomination/Remuneration Committee considered and agreed the process for the appointment of the Chair. The Governors agreed that the Trust should undertake the recruitment in-house. The Council of Governors agreed that the Nomination/Remuneration Committee should agree the job description and criteria for the post, along with approving the advertisement and the appointment process.

The process agreed by the Governors' Nomination/Remuneration Committee requires the post to be advertised and letters explaining the vacancy to be sent to local businesses. Long lists of applicants are reviewed for compliance with the requirements of the constitution and a short list of candidates is agreed by the Nomination/Remuneration Committee. The candidates are required to complete a Fit and Proper Person Declaration; an online search is undertaken and the Trust asks the External Auditors to undertake an independent search against each declaration.

The shortlisted candidates are asked to attend a one-to-one interview that tests pre-agreed requirements. This is followed by a number of group interviews which involve membership from Governors, Directors and members of staff and an unseen presentation. The candidates will then be asked to attend a final interview. The panel for the final interview comprises the Lead Governor and four other Governors, along with an invited external advisor. After the final interview the panel discusses the candidates and agrees what recommendation to put forward to the Council of Governors for approval. Following approval by the Council of Governors, the successful candidate is advised of their appointment.

Throughout the process both the Nomination/Remuneration Committee and the Council of Governors are updated on progress.

The Process for the Appointment of the Non-Executive Directors - Once it has been established that there is a need to appoint a Non-executive Director, the Nomination/ Remuneration Committee meets to agree the details. The post is advertised and a long list process is completed. The Nomination/Remuneration Committee reviews the applications to develop a shortlist. Governors from the Nomination/Remuneration Committee form the appointment panel and the panel undertakes the interviews. The panel develops a recommendation for approval by the Council of Governors, following which the successful candidate is advised.

Two Non-executive Directors commenced in the Trust; one in June 2020 and the other in November 2020. One of these Non-executive Directors was a Stakeholder appointment from Hull/York Medical School. This appointment was made in conjunction with the Nomination/Remuneration Committee and Council of Governors.

Non-executive Directors can serve a total of nine years, but can choose to leave or have their service terminated by a recommendation of the Nomination/ Remuneration Committee and a majority vote of the Council of Governors.

Appointment of Executive Directors - The Trust appointed a Chief Digital Information Officer who commenced in post on 1 August 2020. The Trust placed an advert in appropriate media and received a number of applications. Each shortlisted candidate undertook a series of profiling exercises with an external agency followed by a formal interview process including a presentation to the panel, which included the Chair, Chief Executive, Non-Executive Director, Deputy Director of Workforce and an external assessor.

Compliance with the Code of Governance - The Board confirmed it complies with the Code of Governance except in the following areas:

Requirements	Explanation
Paragraph B1.1 The Board should identify in the Annual Report each Non-executive Director it considers to be independent. The Board should determine whether the Director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the Director's judgement. The Board should state its reasons if it determines that a Director is independent despite the existence of relationships or circumstances which may appear relevant to its determination, including if the Director:	The tenure of a Non-executive Director, whose spouse was a senior clinician working in the Trust came to an end on 30 August 2020. The Chair was re reappointed for a further one year term, to commence 1 April 2021-31 March 2022, by the Council of Governors following the completion of two three year terms. The Governors specifically confirmed that the Chair had received positive and successful appraisals during the year. Seven members of the Board are Non-executive Directors which includes the Chair. Six members of the Board are

	voting Executive Directors and one member of the Board is currently a non-voting Director.

Responsibility for Preparing the Annual Report and Accounts - The Directors of the Trust are responsible for the preparation of the Annual Report and Accounts. The Directors approve the Annual Report and Accounts prior to their publication. The Directors are of the opinion that the Annual Report and Accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

Resolution of Disputes between the Council of Governors and the Board of Directors - The Code of Governance requires the Trust to hold a clear statement explaining how disagreements between the Council of Governors and the Board of Directors would be resolved.

The Board of Directors promotes effective communications between the Council of Governors and the Board. The Board, through the Chief Executive and the Chair, provides regular updates to the Council of Governors on developments being undertaken in the Trust. The Board encourages Governors to raise questions and concerns during the year and to ask for further discussions at their public meetings where they feel further detail is required. The Chief Executive and any invited Director, or Non-executive Director, will ensure that the Council of Governors is provided with any information when, for example, the Trust has materially changed the financial standing of the Trust, or the performance of its business has changed, or where there is an expectation as to performance, which, if made public, would be likely to lead to a substantial change to the financial wellbeing, healthcare delivery performance or reputation and standing of the Trust.

The Chair of the Trust also acts as Chair of the Council of Governors. The Chair's position is unique and allows her to have an understanding of a particular issue expressed by the Council of Governors. Where a dispute between the Council of Governors and the Board occurs, in the first instance, the Chair of the Trust would endeavour to resolve the dispute.

Should the Chair not be willing or able to resolve the dispute, the Senior Independent Director and the Lead Governor of the Council of Governors would jointly attempt to resolve the dispute. In the event of the Senior Independent Director and the Lead Governor being unable to resolve the dispute, the Board of Directors, pursuant to section 15(2) of Schedule 7 of the National Health Service Act 2006, will decide the disputed matter.

The Board makes decisions about the functioning of the Trust and, where appropriate, consults with the Council of Governors prior to making a decision. Any major new development in the sphere of activity of the Trust which is not public knowledge is reported to the Council of Governors in a private session, and to NHSE/I.

The Council of Governors is responsible for the decisions around the appointment of Non-executive Directors, the appointment of the External Auditors in conjunction with the Group Audit Committee, the approval of the appointment of the Chief Executive and the appointment of the Chair. The Council of Governors sets the remuneration of the Non-executive Directors and the Chair. The Council of Governors is encouraged to discuss

decisions made by the Trust and highlight any concerns it has. The Council of Governors also has in place a statement that identifies at what level the Board of Directors will seek approval from the Council of Governors when there is a proposed significant transaction.

Board Balance, Completeness and Appropriateness - As at 31 March 2020, the Board of Directors for York Teaching Hospital NHS Foundation Trust comprised seven Executive Directors, seven Independent Non-executive Directors and an Independent Non-executive Chair. One Corporate Director (non-voting) also attends the Board.

Changes to the Board composition during the financial year 2020/21 are set out on page 58.

Appraisal of Board Members - The Chair has conducted a thorough review of each Non-executive Director to assess their independence and contribution to the Board of Directors and confirmed that they are all effective, independent Non-executive Directors.

The appraisals are used as an opportunity to provide a basis for both individual and collective development programmes. A programme of appraisals has been run during 2020/21 and all Non-executive Directors have undergone an annual appraisal as part of the review.

The appraisal of the Chief Executive is undertaken on an annual basis by the Chair. The Chair has put in place a robust system where she discusses the outcome of her enquiries with the Chief Executive and draws up a set of objectives.

The Board of Directors maintains a register of interests as required by the constitution and Schedule 7 section 20 (1) of the National Health Service Act 2006.

The Board of Directors requires all Non-executive Directors to be independent in their judgement. The structure of the Board and integrity of the individual Directors ensure that no one individual or group dominates the decision-making process.

Each member of the Board of Directors upholds the standards in public life and displays selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

All Board members have confirmed that they are fit and proper persons to hold the office of Director in the Trust and have no declarations to make that would be contrary to the requirements. All Board members have confirmed that they do not hold any additional interests that are not declared in the Trust's Declaration of Interests.

The appointment of Executive Directors is discussed at the Remuneration Committee.

Biographies for the Board of Directors can be found on page 58 of this report.

Internal Audit Function - The Trust has an internal audit function in place that provides support to the management of the organisation. Details of the internal audit function can be found on page 67.

External Audit Appointment – The Trust conducted a process to appoint external auditors in 2019/20 which included Governors as part of the evaluation process. The Council of Governors approved the appointment of Mazars at the Council of Governors meeting in March 2020.

Attendance of Non-Executive Directors at the Council of Governors - All Non-executive Directors have an open invitation to attend the Council of Governors meetings, which they attend on a regular basis. The Board of Directors and the Governors meet at the Board to Council of Governor meetings, which are held twice a year. Each meeting has focused on areas that the Governors would like more information or understanding of.

Members of the Council of Governors and Non-executive Directors work together on other occasions through various groups and committees and also meet on a one-to-one basis during the year.

Executive/Corporate Directors' Remuneration - The Remuneration Committee meets on a regular basis, as a minimum once a year, to review the remuneration of the Executive/ Corporate Directors. Details of the work of the Remuneration Committee can be found on page 88. The Council of Governors has a Nominations/ Remuneration Committee which meets a minimum of four times a year. Part of the role of the Nominations/ Remuneration Committee is to review the remuneration of the Non-executive Directors. Details of the Nominations/Remuneration Committee can be found on page 90.

Accountability and Audit - The Board of Directors has an established Group Audit Committee that meets on a quarterly basis, as a minimum. A detailed report on the activities of the Group Audit Committee is on page 65.

Relations and Stakeholders - The Board of Directors has ensured that there is satisfactory dialogue with its stakeholders during the year. Examples of the Trust working with stakeholders can be found on pages 19, 42 & 83.

Council of Governors Report 2020/21

Lead Governor Report

Once again this has been a very challenging year for the Trust, with some particular issues continuing – dealing with the pandemic being the main one. As well as this there are the on-going financial position, the recruitment and retention of staff with particular reference to the East Coast. Governors have been kept briefed at every opportunity and are fully aware of the actions being taken by the organisation to address these issues. The Chair, Susan Symington, and the Chief Executive, Simon Morritt, have both provided regular reports and updates for the Governors.

By attending the Public Board Meetings as observers, Governors receive first- hand information from the Executives and Non-Executive Directors (NEDs). It is also an opportunity for governors to see how the NEDs fulfil their role in challenging the Executives and seeking assurance as to how issues are being addressed and having the ability to question the Executive team as appropriate. These meetings are open to Trust members via web-ex at the moment and the public are encouraged to attend as observers and find out more about the organisation, what issues are current and how they are being addressed.

Governors continue to be encouraged to attend the 6 monthly “Board to Council of Governors” meetings which cover particular issues and give the opportunity for Governors to hear directly from Executives and Non-Executives, debate issues with them and raise any questions they may have. These meetings are under constant review and the Governors are involved in setting this agenda so that the relevant Executive or NED is available to provide a full response.

Governors have been able to observe at the Board and the various board sub-committees to assist them in their understanding of the way the NEDs fulfil their role in challenging the Executives and ensure they understand the issues.

Despite the on-going challenges, patient stories about their care and safety are discussed at every opportunity and Governors are represented at the Patient Experience Steering Group which is chaired by Tara Filby, Deputy Chief Nurse. Developments in clinical practice are part of this meeting as well as patient feed-back, general issues that affect the clinical environment, complaints and their handling and the development of the volunteer role and scheme. There is regular feed-back to Governors from the Patient Experience team as the notes of the meeting are distributed to all Governors. Those attending the meeting include a representative from both York and North Yorkshire Health Watch and the Care Group Managers.

There has been a very stable Non-executive team but a number came to the end of their terms of office and these have been replaced. The latest NED to take up the role is David Watson. Governors were involved in the recruitment process. NED appointments are the responsibility of the Governors who each year provide feed-back to the Chair on each NED. A useful link to Hull and York Medical School was made with the Deputy Dean of HYMS, Matt Morgan, who has joined the NED team as a stakeholder NED and represents the University in particular Hull

York Medical School. Both appointments have already had a positive impact on the NED group and the organisation as a whole.

There are a number of groups within the trust where Governors are involved either by election by their governor colleagues or attend on an ad-hoc basis where Governors are interested in the subject and the following are just a couple of the groups attended:

1. The Membership Group - The Trust is always seeking new members from the community it serves and Governors are involved in the Membership Group which discusses ways in which the membership can be developed. It is really important that the member numbers are robust, increased where possible and they are involved and attend the seminars put on for them usually in York and Scarborough, but are presently virtual due to the pandemic. There has been much debate about how Governors communicate with the members they represent and this is being constantly reviewed.

2. The “Out of Hospital” Group - This group is chaired by a manager from the Trust and meets on a three monthly basis to discuss the schemes being introduced across the community and discuss any developments that are in place and the outcomes of these. Representatives from the Council of Governors attend this meeting and a report is received by their colleagues at the Council of Governors to keep them updated. It is an excellent opportunity for Governors to discuss and debate developments within the community.

3. The Fairness Forum - This group has been re-established and is chaired by the Chief Nurse supported by Nichola Greenwood. This group links to the Board via the Quality Group and regular reports will keep the Board informed of the issues debated there.

Finally I would like to thank the Foundation Trust Secretary and her assistant, and the Chief Executive Office team for their on-going support to Governors, and to my Governor colleagues for their support to me personally and their commitment and dedication to the Governor role. I would also like to take the opportunity on behalf of the Governors to thank all staff including the Executive team and volunteers for their on-going commitment to the organisation and to ensuring that the best possible care is provided to patients and their families. Thank you all on behalf of the Governors.

Margaret Jackson
Lead Governor

Role of the Council of Governors

All NHS Foundation Trusts are required to have a body of elected and nominated Governors. York Teaching Hospital NHS Foundation Trust has a Council of Governors which is responsible for representing the interests of the public in their local areas, Trust Members, staff members and partner organisations in the local health economy.

As a public benefit corporation, the Trust is accountable to the local community, staff who have registered for Membership and to those elected or appointed to seats on the Council of Governors.

The Council of Governors' roles and responsibilities are outlined in legislation and detailed in the Trust's constitution. The primary function of the Council of Governors is: -

- To hold the Non-executive Directors, individually and collectively, to account for the performance of the Board of Directors;
- To represent the interests of the Members of the Trust as a whole and the interests of the public.

The Council of Governors has a right to be consulted on the Trust's strategies and plans, and on any matter of significance affecting the services it provides. All Governors, both elected and appointed, are required to act in the best interest of the NHS Foundation Trust and to adhere to the values and code of conduct of the Trust.

Their duties and responsibilities include:

- To hold the Non-executive Directors, individually and collectively, to account for the performance of the Board of Directors;
- To represent the interests of the members of the Trust as a whole and the interests of the public;
- To appoint and remove the Chair and other Non-executive Directors;
- To approve the appointment of the Chief Executive;
- To appoint and remove the External Auditors;
- To ensure one or more of the Directors attend a meeting of the Council of Governors for the purpose of obtaining information about the Trust's performance, of its functions, or the Directors' performance of their duties;
- To review the Annual Accounts, Auditors' Report and Annual Report;
- To provide a view from the membership on matters of significance affecting the Trust or the services it provides;
- To represent the interests and views of Trust Members and local people;
- To regularly feedback information about the Trust, its visions and its performance to the communities they represent;
- To attend meetings of the Council of Governors;
- To attend Board to Council of Governors meetings;
- To receive an annual report from the Board of Directors;
- To monitor performance and other targets;
- To advise the Board of Directors on its strategic plans;
- To make sure the strategic direction of the Trust is consistent with its terms of authorisation as agreed by NHSE/I;
- To be consulted on any changes to the Trust's constitution;

- To agree the Chair's and Non-executive Directors' remuneration;
- To provide representatives to serve on specific groups and committees working in partnerships with the Board of Directors;
- To inform NHSE/I if the Trust is at risk of breaching its terms of authorisation, if the concerns cannot be resolved within the Trust.

The Council of Governors and the Board of Directors continue to work together to develop an appropriate and effective working relationship. They are regularly updated on the performance of the Trust from the Board of Directors and receive both the agenda and minutes of each public Board of Directors meeting.

The Council of Governors at York Teaching Hospital NHS Foundation Trust currently has 27 Governor seats in the constitution, as follows:

Public Governors	16 elected seats
Staff Governors	5 elected seats
Stakeholder Governors: • Local Authorities • Healthcare Organisations • Local Universities • Voluntary Sector • LLP	6 appointed comprising: • 1 seat • 2 seats • 1 seat • 1 seat • 1 seat

Governor Elections

The Trust held an election during 2020. The next elections will be held during the summer of 2021. The following seats will be included in the elections:

- York constituency – 2 seats
- Scarborough constituency – 1 seat
- Whitby – 1 seat
- Ryedale and East Yorkshire – 3 seats
- Staff – 1 seat

The elections process will begin at the end of June 2021 and the election results will be announced at the end of September 2021.

The Chair also acts as Chair of the Council of Governors.

The Governors

Listed below are the members, elected or appointed, currently serving on the Council of Governors, including those who have ceased being members of the Council of Governors during the year.

Name	Initial Appt Year	Date Appointed	Term of Office	End of Term Date
ELECTED GOVERNORS – PUBLIC				
Hambleton Constituency (1 seat)				
Catherine Thompson	2016	01.10.19	3 Years	30.09.22
Scarborough Constituency (2 seats)				
Richard Thompson	2017	01.10.17	3 Years	30.09.20 (Term ended)
Liz Black	2018	01.10.18	3 Years	30.09.21
Ian Mackay Holland	2020	01.11.20	3 Years	31.10.23
Bridlington Constituency (2 seats)				
Angela Walker	2020	01.11.20	3 Years	31.10.23
Josie Walker	2020	01.11.20	3 Years	31.10.23
Selby Constituency (2 seats)				
Keith Dawson	2019	01.10.19	3 Years	30.09.22
Doug Calvert	2020	01.11.20	3 Years	31.10.23
Ryedale and East Yorkshire Constituency (3 seats)				
Andrew Butler	2012	01.10.19	2 Years	30.09.21
Sheila Miller	2012	01.10.17	4 Years	30.09.21 (Term extended so 9 years can be done)
Jeanette Anness	2012	01.10.18	3 Years	30.09.21
Whitby Constituency (1 seat)				
Stephen Hinchliffe	2012	01.10.18	3 Years	30.09.21
York Constituency (5 seats)				
Sally Light	2018	01.10.18	3 Years	30.09.21
Michael Reakes	2016	01.10.19	3 Years	30.09.22
Helen Fields	2013	01.10.19	3 Years	30.09.22
Margaret Jackson	2012	01.10.17	4 Years	30.09.21 (Term extended so 9 years can be done)
Robert Wright	2014	01.10.17	3 Years	30.09.20 (Term ended)
Rukmal Abeysekera	2020	01.11.20	3 Years	31.10.23
STAKEHOLDER GOVERNORS				

North Yorkshire County Council (1 seat)				
Chris Pearson	2015	01.10.18	3 Years	30.09.21
University of York (1 seat)				
Gerry Richardson	2017	01.05.20	3 Years	30.04.23
Voluntary Sector (1 seat)				
Jo Holloway-Green	2019	01.03.20	3 Years	28.02.23
Healthcare Organisations (2 seats)				
Dawn Clements	2016	01.10.19	3 Years	30.09.22
Vacancy				
YTHFM LLP (1 seat)				
Michael Williams	2020	01.03.20	3 Years	Resigned Oct'20
Paul Johnson	2020	01.11.20	3 Years	31.10.23
ELECTED GOVERNORS - STAFF				
Community (1 seat)				
Sharon Hurst	2015	01.10.19	3 Years	30.09.2022
Scarborough and Bridlington (2 seats)				
Helen Noble	2012	01.10.17	4 Years	30.09.21 (Term extended so 9 years can be done)
Maya Liversidge	2020	01.11.20	3 Years	31.10.23
York (2 seats)				
Jill Sykes	2017	01.10.17	3 Years	30.09.20 (End of Term)
Mick Lee	2014	01.10.18	2 Years	30.09.20 (End of Term)
Vanessa Muna	2020	01.11.20	3 Years	31.10.23
Gerry Robins	2020	01.11.20	3 Years	31.10.23

The appointment to the Council of Governors is for a maximum term length of three years or until the Governor ends their term, whichever is sooner. A Governor can serve a maximum of nine years. There is currently one Stakeholder Governor vacancy.

The following changes occurred in the Council of Governors membership during the year:

<u>Incoming</u>

- Ian Mackay Holland was appointed as Public Governor for Scarborough constituency on 01.11.20.

- Doug Calvert was appointed as Public Governor for Selby constituency on 01.11.20.
- Angela Walker was appointed as Public Governor for Bridlington constituency on 01.11.20.
- Josie Walker was appointed as Public Governor for Bridlington constituency on 01.11.20.
- Rukmal Abeysekera was appointed as Public Governor for York constituency on 01.11.20.
- Paul Johnson was appointed LLP Stakeholder Governor on 01.11.20.
- Maya Liversidge was appointed as Staff Governor for Scarborough and Bridlington constituency on 1 November 2020.
- Vanessa Muna was appointed as Staff Governor for York constituency on 1 November 2020.
- Gerry Robins was appointed as Staff Governor for York constituency on 1 November 2020.

Outgoing

- Richard Thompson, Public Governor for Scarborough constituency, term ended 30.09.20.
- Robert Wright, Public Governor for York constituency, term ended 30.09.20.
- Michael Williams was appointed LLP Stakeholder Governor on 01.03.20 and resigned in October 2020 as he left his post at the Trust.
- Jill Sykes, Staff Governor for York constituency, term ended 30.09.20.
- Mick Lee, Staff Governor for York constituency, term ended 30.09.20.

The Council of Governors Meetings

Meetings of the Council of Governors took place on five occasions. The table below shows the attendance of Governors at the formal Council of Governors meetings.

Attendees	10/06/20 *	01/09/20	28/09/20 Extra **	09/12/20	16/03/21	Total meetings attended
Andrew Butler	✓	Ap	Ap	✓	✓	3/5
Angela Walker	-	-	-	✓	✓	2/2
Catherine Thompson	✓	✓	✓	✓	✓	5/5
Chris Pearson	✓	Ap	✓	✓	Ap	3/5
Dawn Clements	✓	✓	✓	✓	✓	5/5
Doug Calvert	-	-	-	✓	✓	2/2

Gerry Richardson	✓	✓	Ap	✓	✓	4/5
Gerry Robins	-	-	-	✓	Ap	1/2
Helen Fields	✓	✓	Ap	✓	✓	4/5
Helen Noble	✓	✓	✓	✓	✓	5/5
Ian Mackay Holland	-	-	-	✓	✓	2/2
Jeanette Anness	✓	✓	✓	✓	✓	5/5
Jill Sykes	✓	✓	Ap	-	-	2/3
Jo Holloway-Green	✓	✓	Ap	✓	✓	4/5
Josie Walker	-	-	-	✓	✓	2/2
Keith Dawson	✓	Ap	Ap	✓	✓	3/5
Liz Black	Ap	Ap	Ap	Ap	Ap	0/5
Margaret Jackson	✓	✓	✓	✓	✓	5/5
Maya Liversidge	-	-	-	✓	✓	2/2
Michael Reakes	✓	✓	✓	✓	✓	5/5
Michael Williams	✓	✓	✓	-	-	3/3
Mick Lee	✓	✓	✓	-	-	3/3
Paul Johnson	-	-	-	✓	✓	2/2
Richard Thompson	✓	✓	✓	-	-	3/3
Robert Wright	✓	Ap	Ap	-	-	1/3
Rukmal Abeysekera	-	-	-	✓	✓	2/2
Sally Light	✓	✓	✓	Ap	✓	4/5
Sharon Hurst	✓	✓	Ap	✓	✓	4/5
Sheila Miller	✓	Ap	✓	✓	✓	4/5
Stephen Hinchliffe	Ap	✓	Ap	✓	✓	3/5
Susan Symington	✓	✓	✓	✓	✓	5/5
Vanessa Muna	-	-	-	✓	Ap	1/2

* this was a Q&A session held with the Governors, Chair and Chief Executive. The public meeting was cancelled due to the pandemic.

* * this was an extraordinary meeting to approve the appointment of a Non-executive Director.

The Chief Executive, Deputy Chief Executive and Non-executive Directors and Trust staff regularly attend meetings of the Council of Governors and its sub groups to present appropriate reports and

provide information on the Trust's performance. The table below shows the attendance of the Board at the formal Council of Governors meetings.

Attendees	10.06.20 Q&A	01/09/20	09/12/20	16/03/21	Total meetings attended
Simon Morritt	✓	✓	✓	✓	4/4
Andy Bertram	N/A	Ap	✓	✓	2/3
Jim Taylor	N/A	Ap	Ap	Ap	0/3
Heather McNair	N/A	Ap	Ap	Ap	0/3
Wendy Scott	N/A	Ap	Ap	Ap	0/3
Polly McMeekin	N/A	Ap	Ap	Ap	0/3
Dylan Roberts	N/A	✓	Ap	Ap	1/3
Lucy Brown	N/A	Ap	Ap	Ap	0/3
Jennie Adams	✓	-	-	-	1/1
Jenny McAleese	✓	✓	Ap	Ap	2/4
Lynne Mellor	Ap	Ap	✓	✓	2/4
Lorraine Boyd	✓	✓	✓	✓	4/4
Jim Dillon	Ap	✓	✓	✓	3/4
Steven Holmberg	Ap	Ap	✓	✓	2/4
Matt Morgan	-	✓	✓	✓	3/3
David Watson	-	-	✓	✓	2/2

During 2020-21 the Council of Governors and its sub groups and committees received updates and considered reports on a number of issues including:

- Updates on the Coronavirus Pandemic and operational pressures (Governors received continuous updates regarding the pandemic through newsletters/briefings and from the Chair and Chief Executive and other Directors at every meeting. Due to the pandemic, all meetings became virtual including the public ones and time was invested in ensuring Governors could use the technology options adopted by the Trust)
- York Teaching Hospital Facilities Management LLP updates
- Governors' Report on Quality Report
- Humber Coast and Vale Integrated Care System updates
- East Coast Review
- Brexit
- Annual financial and operational plan

- Trust Constitution
- Non-executive director recruitment
- Non-executive director appraisals
- Performance information
- Small Rural Hospitals Network
- System finance
- Governor elections
- Group Audit Committee Annual Report
- Scarborough Acute Services Review
- Board development plan
- Transport/parking issues
- Smoking cessation
- Governors' priority for 2021-22
- Annual PLACE Assessment
- Our Voice Our Future project
- Director appointments
- YTHFM LLP updates
- Council of Governors Annual Reviews
- Consultant appointments
- Digital strategy
- Freedom to Speak Up annual report
- Trust name change
- Lead Governor succession process

Attendance at Meetings

In addition to the Council of Governors meetings, the Governors also met on a number of other occasions during the year to receive informal updates, training and information.

Unfortunately, due to the Covid-19 pandemic, the Board to Council of Governors meeting in April 2020 was cancelled but a virtual meeting was held in October 2020 and covered a number of subjects, including the following:

- Winter resilience plan
- Phase 3 recovery plan (plan to recover activity postponed during the pandemic)
- Current pandemic position
- Trust's name change

Training for Governors

To ensure the Governors are equipped with the skills they need to undertake their role, the Trust continues to ensure that Governors receive the information and understanding they require to perform the role. Induction was provided to new Governors and the agendas from the Council meetings and Board to Council of Governors are structured to provide the necessary information and understanding. Further sessions arranged include:

- Virtual Governor Focus Conference
- Virtual Governor workshops
- Virtual Governors' development day
- Virtual finance session

Governor Expenses

Governors are not remunerated, but are entitled to claim expenses for costs incurred whilst undertaking duties for the Trust as a Governor (i.e. travel expenses to attend the Council of Governors meetings). The total amount of expenses claimed during the year from 1 April 2020 to 31 March 2021 by Governors was £38.84.

Related Party Transactions

Under International Accounting Standard 24 “Related Party Transactions”, the Trust is required to disclose in the annual accounts any material transactions between the NHS Foundation Trust and members of the Council of Governors or parties related to them.

There were no such transactions for the period 1 April 2020 to 31 March 2021.

Appointment of the Lead Governor

The process for the appointment of Lead Governor requires Governors to put their name forward and provide a statement. These names and statements are put forward to the full Council of Governors which holds an election. The Council of Governors followed this process and appointed Mrs Margaret Jackson as Lead Governor from 1 April 2014. Mrs Jackson’s term of office is due to finish in September 2021 after serving the permitted full nine years as a Governor. An appointment process began in January 2021 to recruit her successor and Sally Light has been appointed for a term of three years commencing 1 October 2021.

Membership of the Committees and Groups

The Council of Governors has delegated authority to a number of Committees and Groups to address specific responsibilities of the Council of Governors. During the year the Council of Governors welcomed some new members following the elections. This has meant that during the early part of 2021 the Governors have reviewed the Groups and Committees and replacements have been confirmed.

The Council of Governors was supported by the following Sub Groups and Committees:

Nomination/Remuneration Committee

Susan Symington – Chair of the Trust (Chair);
Lynda Provins – Foundation Trust Secretary (until January 2021);
Margaret Jackson – Lead Governor (Vice-Chair);
Helen Fields – Public Governor, York;
Jeanette Anness – Public Governor, Ryedale and East Yorkshire;
Robert Wright – Public Governor, York (until September 2020);
Catherine Thompson – Public Governor, Hambleton;
Stephen Hinchliffe – Public Governor, Whitby;
Mick Lee - Staff Governor, York (until September 2020);
Gerry Richardson – Stakeholder Governor, York University;
Gerry Robins – Staff Governor, York (from January 2021);

During the year, issues discussed included:

- NED succession planning;
- NED recruitment;
- Annual appraisal of all seven Non-executive Directors, including the Chair. The Chair's appraisal is conducted by the Lead Governor and the Senior Independent Director. The Non-executive Director appraisals are conducted by the Chair. All appraisals include the opportunity for any Governor and Director to contribute. When each appraisal is presented, the timelines for the Non-executive Director's period of office are reviewed;
- Vice Chair of York Teaching Hospitals NHS Foundation Trust;
- Trust Chair's final term, which will be agreed on a year-by-year basis;
- Board Sub-Committee Chairs and Vice Chairs;
- Lead Governor recruitment including the job description and process;
- Deputy Lead Governor process.

The terms of reference and work programme of the Committee were reviewed.

The Committee continues to reflect on the process for appointment of new Non-executive Directors and will take any learning forward to help shape the future Non-executive Director appointment processes.

Items discussed at the Nominations/ Remuneration Committee were highlighted to the private session of the full Council of Governors and the Chair offered time for discussion. In the Council's subsequent meeting in public, the Chair briefly summarised the recommendations put forward by the Committee and their approval (or not) by the full Council of Governors.

Susan Symington
Chair of the Committee

Out of Hospital Care Group

The Out of Hospital Care Group (formerly the Community Services Group) is a quarterly meeting of Governors and others who represent the localities served by the Trust. Members include Public and Staff Governors, a Non-Executive Director, and senior managers from the Trust. The Group is chaired by the Head of Community Services. The Group has a wide remit, looking at any services provided out of hospital by the Trust and reporting back to the Council of Governors. The Group serves three key purposes:

- To provide a forum for Governors (on behalf of the members and local communities) to raise any issues regarding community services;
- To provide a reference group for development in community services to gain insight from a public perspective;
- To keep Governors updated on the developments in community services.

The Governors are involved in exploring options for improving the links between public Governors and the communities they represent.

Steve Reed
Chair of the Group

Constitution Review Group

The Constitution Review Group has met during the year and discussed a number of topics, including:

- Constitution amendments;
- External audit tender process;
- Replacement of an LLP Stakeholder Governor;
- Committee tenure for Governors;
- Council of Governors Effectiveness Framework document;
- Revision of the Terms of Reference and the work programme;
- NED out of area appointment;
- Trust's change of name.

The most significant discussions were around the recruitment of an out of area NED in order to increase diversity on the Trust Board and the Trust's change of name.

Jill Hall
Chair of the Group

Membership Development Group

The Membership Development Group has met during the year and discussed a number of topics, including:

- The Membership Development Strategy;
- Membership events including seminars, the Annual Members Meeting/AGM;
- Increase/decline of membership numbers;
- Encouraging younger members;
- Development of the action plan;
- Use of social media/press releases/articles to promote membership.

The Group is focused on how to maintain membership of the Trust and how to engage and recruit members across the Trust's constituencies by increasing the number of locations in which the membership poster can be placed, using various methods of communication, including the membership newsletter, email and social media to encourage membership, and explore the use of the Trust's text reminder system to add a message about becoming a member of the Trust.

Jill Hall
Chair of the Group

Governors have also been involved in or attended the following meetings/events:

- Virtual Annual General Meeting/Annual Members' Meeting 2020;
- Governors' virtual informal meetings.

In addition, Governors provide membership talks and hold engagement events to engage with and understand the views of members and the public, including:

- Public Board of Directors virtual meetings;
- Public Council of Governors virtual meetings;
- GP local groups.

Code of Conduct

All Governors have read and signed the Trust's Code of Conduct, which includes a commitment to actively support the NHS Foundation Trust's vision and values.

Register of Governor Interests

The Trust holds a register listing any interests declared by members of the Council of Governors. Governors must disclose details of company directorships or other positions held, particularly if they involve companies or organisations likely to do business, or possibly seeking to do business with the Foundation Trust.

The register forms part of the papers at every public Council of Governors meeting and can be accessed by visiting: https://www.yorkhospitals.nhs.uk/about-us/council-of-governors/papers-and-minutes/. The register is also available in the publications section on the Trust website. The public can also make a request in writing to:

Address: Foundation Trust Secretary
York Teaching Hospital NHS Foundation Trust
Wigginton Road
YORK
YO31 8HE

Telephone: 01904 725076

Email: governors@york.nhs.uk

Foundation Trust Membership

Membership Strategy

The Trust continues to focus on recruitment and retaining membership using a variety of methods. Members of the public can sign up for Trust membership via the following link: https://www.yorkhospitals.nhs.uk/get-involved/ or complete a paper application found in the main reception area at any of the Trust's hospitals.

The Trust continues its aim to build a representative membership base to support public accountability and local engagement. It is recognised that a well-informed, motivated and engaged membership helps organisations to be more responsive, with an improved understanding of the needs of its patients and local communities. Therefore, it is vital to create a membership that matches the demographic mix of our catchment area and to create a vibrant membership programme to support successful long-term engagement with members.

The vision is based around three key areas:

- **Meaningful Membership** – developing a better relationship with existing members who can become more actively engaged with the Trust if they so wish;
- **Representative Membership** – to ensure our membership reflects, where possible, our socio-demographic geography and the communities which we serve; and
- **Innovative Membership** – that looks to new ways of recruiting members and reaches out to local communities, younger Members and pockets of very low membership coverage.

In order to maintain our membership level and recruit new public members, the Trust has taken forward a number of initiatives during 2020-21, including:

- Membership information displayed in main reception of each hospital;
- Continued use of the Trust's Facebook social network to engage and inform members and the wider public of developments and events at the Trust;
- Dedicated Membership Officer who acts as link between the members and the Trust;
- Updating the membership section on the Trust's website to include the benefits of being a member, easier access to signing up, and contact information.

Unfortunately, initiatives that included visiting various locations, i.e. GP surgeries, key events within the Trust, have been postponed due to the pandemic situation.

The strategy seeks to support the Council of Governors with specific goals to increase membership and maintain support for the Trust.

Retention of Members

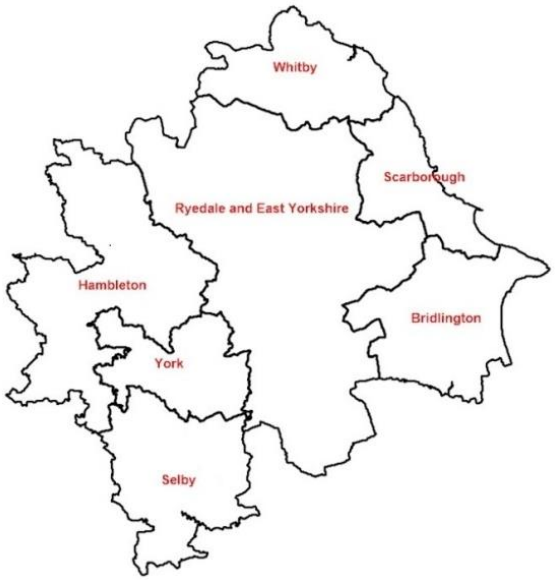
The Trust recognises the importance and value of a representative membership and has continued to focus on opportunities to engage with and retain existing members. Over the past year various events have been arranged and we continue to keep members up to date through a dedicated electronic membership newsletter. Initiatives include:

- Inviting all members to the virtual Public Council of Governors meetings throughout the year. The half hour allocated prior to the meetings to give the public/members the opportunity to talk to their Governors has been postponed due to the pandemic situation;
- Inviting all members to the virtual Annual Members' Meeting which took place in October 2020;
- Arranging virtual events on matters of interest, including a number on mental health wellbeing;

Over the next 12 months we will continue to look at new ways to promote the benefits of membership in order to maintain and increase our membership in accordance with the Membership Strategy, which was revised in October 2019.

The Trust's Current Catchment Area

The map below shows the seven communities the Trust now serves and each one forms a public constituency for our membership.



Constituencies

The Trust has defined its public constituency boundaries to fit as far as possible with clearly defined local authority boundaries and "natural" communities. Each of the seven constituencies contains at least one hospital facility which is either run by or has services provided by the Trust. These are places that the local population clearly identify with and care much about; it is the Trust's experience this is a key issue for membership.

Constituency	Wards
York	All council wards and the wards of Ouseburn and Marston Moor of Harrogate Borough Council. Hospital facilities include York General Hospital, St Helen's Rehabilitation Hospital, White Cross Court Rehabilitation Hospital.

Selby	All council wards and the parishes of Bubwith, Ellerton, Foggathorpe and Wressle. Hospital facilities include the Selby War Memorial Community Hospital.
Hambleton	All council wards and the areas of Northallerton, Bromfield, Northallerton Central, Romanby, Sowerby, Thirsk, Throntons, Topcliffe, Whitestone Cliff, Bishop Monkton, Boroughbridge, Carlo, Hookstone, Knaresborough East, Knaresborough King James, Knaresborough Scriven park, Newby, Pannal, Ribston, Ripon Minster, Ripon Mooreside, Ripon Spa, Spofforth with Lower Wharfdale, Starbeck, Wetherby. Hospital facilities include St Monica's Community Hospital.
Ryedale and East Yorkshire	All 20 Ryedale wards and the East Riding wards of Pocklington Provincial, Wolds Weighton and the parish of Holme upon Spalding Moor. Hospital facilities include Malton, Norton and District Community Hospital.
Whitby	All council wards. Hospital facilities include Whitby Community Hospital.
Scarborough	All council wards. Hospital facilities include Scarborough and District General Hospital.
Bridlington	All 3 wards of Bridlington Town Council and 2 wards of East Riding Council, Driffield and Rural and East Wolds and Coastal. Hospital facilities include Bridlington and District General Hospital.

The Out of Area Public Members

The Trust will continue to offer membership to the public who live outside of these constituencies. Previously named "affiliate" members, they are now referred to as "out of area" members.

Public Membership Profile

Membership of the Trust as at 31 March 2021 was as follows:

Constituency	Members
Bridlington	422
Hambleton	622
Ryedale and East Yorkshire	1,344

Scarborough	442
Selby	1,425
Whitby	213
York	4,906
Out of Trust Area	674
Total	**10048**

Age	Public
0-16	1
17-21	12
22+	9,602
Not Stated	433
Total	**10,048**

Gender	Public
Unspecified	109
Male	3,968
Female	5,971

Ethnicity	Public
White - English, Welsh, Scottish, Northern Irish, British	4,087
White - Irish	21
White - Gypsy or Irish Traveller	0
White - Other	61
Mixed - White and Black Caribbean	5
Mixed - White and Black African	2
Mixed - White and Asian	10
Mixed - Other Mixed	4
Asian or Asian British - Indian	16
Asian or Asian British - Pakistani	6
Asian or Asian British - Bangladeshi	2
Asian or Asian British - Chinese	4
Asian or Asian British - Other Asian	14
Black or Black British - African	4
Black or Black British - Caribbean	3
Black or Black British - Other Black	0
Other Ethnic Group - Arab	1
Other Ethnic Group - Any Other Ethnic Group	4
Not stated	5,805

Staff Membership

The staff constituency comprises:

- Permanent, directly employed members of staff;
- Temporary members of staff who have been employed in any capacity on a series of short-term contracts for 12 months or more.

For staff, membership runs on an opt-out basis, i.e. all qualifying staff are automatically members unless they seek to opt out. The staff membership is broken down into three constituencies: -

York	All staff whose designated base hospital is York Hospital, White Cross Court Rehabilitation Hospital, St Helen's Rehabilitation Hospital, Archways Hospital and any other staff not included in either of the staff groups described below.
Scarborough and Bridlington	All staff whose designated base hospital is Scarborough General Hospital or Bridlington and District Hospital.
Community	All staff whose designated base hospital is Malton Community Hospital, Whitby Community Hospital, New Selby Community Hospital (also known as the New Selby War Memorial Hospital), St Monica's Hospital, Easingwold and any other staff who are designated as "Community" staff and therefore do not have a designated base hospital as they work mainly with patients in a non-acute setting, including those members of staff who are engaged in support functions in connection with such services.

Further Information on Membership

Contact can be made through the Foundation Trust Secretary. The contact details are:

The Foundation Trust Secretary
York Teaching Hospital NHS Foundation Trust
Wigginton Road
York YO31 8HE

or by e-mailing membership@york.nhs.uk

Regulatory Rating

Care Quality Commission

York Teaching Hospital NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is 'Registered with Conditions'. York Teaching Hospital NHS Foundation Trust has the following conditions on registration:

York Hospital:

1. The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.
2. The registered provider must by 24 January 2020 ensure that risk assessments are carried out and reviewed to ensure that the environment in the emergency departments of York Hospital is safe for their intended purpose, specifically in relation to patients with mental health condition.
3. The registered provider must by 20 January 2020, there must be a minimum of two registered sick children's nurses (RSCN) in the emergency departments at York Hospital, twenty-four hours a day, seven days a week.

Scarborough Hospital:

1. The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at Scarborough Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.
2. The registered provider must by 24 January 2020 ensure that risk assessments are carried out and reviewed to ensure that the environment in the emergency department at Scarborough Hospital is safe for its intended purpose, specifically in relation to patients with mental health conditions.
3. The registered provider must by 20 January 2020, there must be a minimum of two registered sick children's nurses (RSCN) in the emergency departments at Scarborough Hospital, twenty-four hours a day, seven days a week.
4. The registered provider must ensure that there are sufficient numbers of suitably qualified, skilled, competent and experienced clinical staff at all times to meet the needs of patients within all medical wards at Scarborough Hospital.

The CQC has not taken enforcement action against York Teaching Hospital NHS Foundation Trust during the reporting period. York Teaching Hospital NHS FT has not participated in any special review or investigations by the CQC during the reporting period.

York Teaching Hospital NHS Foundation Trust last received a full inspection in July 2019 with an overall Trust rating of 'Requires Improvement'. Following the last CQC inspections, York Teaching Hospital NHS Foundation Trust developed a comprehensive action plan.

Since the inception of the action plan, significant actions have been taken to improve safety. The improvements can be described under three key themes:

Mental Health Care – Mental health risk assessments were successfully standardised and implemented across the Trust which allows for the early identification of risk and appropriate care delivery. In addition both of the Trusts emergency departments host a mental health assessment suite, both of which meet national standards and expectations. In order to strengthen the priority of mental health within the Trust, steering groups were established in both of the Trust's emergency departments; to oversee these groups a Mental Health Strategic Group was established. The groups will ensure mental health standards are considered and implemented and set the strategic direction of mental health care within the Trust, including training and education requirements.

Paediatric Emergency Care – Both emergency departments have seen a significant investment, including the recruitment of Senior Registered Children's Nurses. Whilst the recruitment was underway, ward staff and agency nurses were utilised to ensure children were seen by specially trained staff within the emergency departments. Environmental assessments were undertaken, with initial improvement work completed enabling children to wait and be cared for in dedicated children's areas.

Staffing – Increases in staffing establishments took place across medical wards at Scarborough Hospital. Daily management of staffing is overseen by senior nurses within the hospital and a significant improvement in covering shifts has been demonstrated over the last 12 months. Further staffing establishments are being reviewed across the Trust.

In addition to the key themes highlighted above, the CQC action plan includes other a range of other recommendations. Excellent progress has been demonstrated with the CQC action plan and further improvement work has commenced with oversight from the Quality Assurance Committee. On 12 February 2021, seven notifications were submitted to the CQC on behalf of the organisation. The seven notifications were to request the removal of the three conditions associated with registration for York Hospital and four conditions associated with registration for Scarborough Hospital, with effect from 1 March 2021. Through regular engagement meetings with the CQC, the Trust has been notified that 5 of the 7 conditions associated with registration will be removed. This demonstrates significant improvements in safe care delivery. Written notification is awaited from the CQC following their internal processes. This will demonstrate that the Trust has 2 conditions associated with registration as follows:

York Hospital

1. The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.

Scarborough Hospital

1. The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at Scarborough Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.

The CQC ascertained that improvements have been made in relation to the 2 conditions, and will review the appropriateness of removing these following further audits to provide assurance that the practice is embedded.

NHS Oversight Framework

Single Oversight Framework – NHSE/I's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The Framework looks at five themes:

- Quality of care;
- Finance and use of resources;
- Operational performance;
- Strategic change;
- Leadership and improvement capability (well-led).

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation - In December 2020, following the lifting of all undertakings from the NHSI Licence Investigation in 2018, the Trust moved to Segment 2. This segmentation information is the Trust's position as at 31 March 2021. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHSE/I website.

Finance and Use of Resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. The finance and use of resources is only one of the five themes feeding into the Single Oversight Framework.

Due to the Covid-19 Pandemic, the Trust in common with all other NHS organisations was placed in an emergency financial framework throughout 2020/21, and as a consequence the finance and use of resources theme was suspended during this period.

Statement of the Chief Executive's Responsibilities as the Accounting Officer of York Teaching Hospital NHS Foundation Trust

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require York Teaching Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of York Teaching Hospital NHS Foundation Trust and of its income and expenditure, other items of comprehensive income, and cash flows for the financial year.

In preparing the accounts, and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy and;
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed

Simon Morritt
Chief Executive **11 June 2021**

Voluntary Disclosures

Equality, Diversity and Inclusion

The Trust is committed to promoting equality, diversity and inclusion in all activities for all patients, visitors and staff.

The Trust is required to produce detailed information to demonstrate our regard to the Equality Act 2010 and other NHS standards, such as the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Equality Delivery System (EDS2), all of which are published on our website. We are also required to report on our Gender Pay Gap annually.

Leadership for equality, diversity and inclusion for workforce is the shared responsibility of the Director of Workforce and Organisational Development (staff) and the Chief Nurse (patients).

The Trust has a Fairness Forum, chaired by the Deputy Chief Nurse, with membership from across the organisation and external stakeholders, including Trust Governors and a Healthwatch representative. During 2020 the Trust established a Race Equality Network to support the organisation to drive forward a number of initiatives.

Reverse Mentoring and Development

A reverse mentoring programme is currently under development to support the Trust's commitment to inclusion. This will provide an opportunity initially for Race Equality Network members to have a mentoring relationship with Board members. From hearing insights and lived experiences, Board members will be better informed in making decisions that benefit all staff and patients.

Additional partnership work is been undertaken across our integrated care system and in partnership with a local university and NHSE/I to develop an aspiring Non-Executive Director development programme for people from disadvantaged backgrounds.

Performance against Equality Objectives

In March 2020, the Trust implemented their new Equality Objectives which run from March 2020 to March 2024; these can be viewed on the Trust website.

The Trust maintains a strong focus on creating a value based inclusive culture, which starts with our recruitment and selection of staff and is further achieved through staff development and appropriately challenging inappropriate behaviours within a culture of learning.

The Board has embarked on a Board Development Programme, which will continue through 2021; this has included holding a session on Equality and Diversity provided by an external consultant in November 2020, which included both Board members and Care Group Directors. The session resulted in a number of personal pledges and actions.

2020 brought its challenges in progressing the equality and diversity agenda; much of our workforce activity since the beginning of the pandemic has been heavily focused on supporting staff from across the protected characteristics and in particular our colleagues from BAME groups and those with a disability or long term health condition which would render them 'vulnerable and or shielding'. We have implemented a new flexible and agile working policy, supporting wherever possible individual needs, and have set up a Race Equality Network.

We continue to add resources to our equality, diversity and inclusion intranet pages for staff to help them in supporting patients and staff across the protected characteristics.

Engagement continues with our local stakeholders and 'York as a Human Rights City'. We are members of the Time to Change York initiative and the Trust remains an active member of the regional Equality and Diversity Network and the NHSE/I equality, diversity and inclusion leads group.

Future Developments

Some of our planned developments were inevitably delayed by the Covid-19 pandemic but we remained committed to implementing the following initiatives.

Hosting training and awareness sessions for British Sign Language; we will also further strengthen our engagement with community groups to understand their health care needs and how we can help overcome their challenges to accessing healthcare.

The Trust will aim to fully implement both a disability and carers' network and continue to support the work of the LGBTQ Forum and the Race Equality Network.

During 2021 the Trust's Freedom to Speak Up Guardian will be working with the leads for Equality Diversity and Inclusion to further develop this role; equality, diversity and inclusion training will be rolled out to our cohort of Fairness Champions and firm links will be developed across all of the staff networks to enable appropriate collaboration in supporting our staff.

The work stream leads will continue to work with key stakeholders across the Trust to deliver against the action plans for WRES, WDES, Gender Pay Gap and the overall Equality Objectives.

The Trust awaits guidance on the replacement for EDS2, which provides the framework of self-assessment against specific goals set down by NHSE/I.

Due to unforeseen circumstances, the launch of EDS3 has been further delayed. The Trust will therefore develop a plan to enable appropriate action during 2021 against the existing EDS2 framework.

Annual Governance Statement

3

Annual Governance Statement 2020/21

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of York Teaching Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in York Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.
2020/21 has been an unprecedented year for the NHS where the planning and priorities guidance, contracting arrangements, traditional fund flows and requirements for an operational plan were all suspended for the full year. The majority of the year was spent under the mandatory requirements of a level 4 incident as defined by the national EPRR arrangements. At no point during the year did the incident level drop below 3.

Capacity to handle risk

As Accounting Officer, I have overall responsibility for ensuring there are effective risk management systems and internal controls in place within the Trust and for meeting all statutory requirements and adhering to guidance issued by NHS Improvement in respect of governance and risk management. I have delegated overall duty to ensure risk management is discharged appropriately, to the Chief Nurse, who is responsible for the implementation of the Risk Management Strategy.

The Board of Directors provides leadership on the overall governance agenda including risk management. It is supported by a number of Committees that scrutinise and review assurance on internal control. These include:

- Audit Committee;
- Quality Assurance Committee;
- Resources Assurance Committee;
- Executive Committee.

Independent assurance on the effectiveness of the system of internal control and overall governance arrangements is provided by the Audit Committee. Additional assurance on the

effectiveness of the systems for ensuring clinical quality is given by the Quality Assurance Committee. The Board of Directors routinely receives the minutes of these committees alongside the Board Assurance Framework and Corporate Risk Register.

The Executive Committee is an executive committee reporting to the Board of Directors. The Executive Committee, underpinned by the work of the various sub-committees, receives and reviews updates from all Care Groups and corporate areas relating to risk management, as well as the Trust's Board Assurance Framework. Each Board Committee and its sub-groups have a collective responsibility to ensure effective risk management and good governance as they discharge their duties, and this is reflected in their respective Terms of Reference. Through their work plans they contribute towards reducing the organisation's exposure to risk. Risks identified by Committees and reporting groups are communicated and recorded on the appropriate Directorate/Care Group risk registers and subject to overview, monitoring and intervention by internal governance arrangements, as well as providing assurance to the Audit Committee, Board of Directors and relevant board assurance committees.

During its response to the Covid pandemic, the Trust maintained its Board and sub-committee structure though meetings were held virtually, and in some cases abridged, reflecting national guidance. Following central instruction the risk associated with the response to and recovery from Covid was the single focus for the Trust for the full year and most other business activities were suspended.

The Trust has a Risk Management Framework in place to ensure that risks are identified, assessed and properly managed. To support this, during 2020 we have developed a Head of Risk post. The Head of Risk is responsible for the development and implementation of the Trust Risk Management Strategy and framework across the organisation.

Ultimate responsibility for the management of the risks facing the organisation sits with the Board of Directors. The Board considers the strategic and high level Trust-wide operational risks facing the organisation as part of its routine business in order to satisfy itself collectively that risks are being effectively managed.

The Chief Executive has overall responsibility for the management of risk. Other members of the Executive Team exercise lead responsibility for the specific types of risk as follows:

- The Medical Director and Chief Nurse are jointly responsible for clinical governance, risk management and patient safety, and whilst each have been allocated specific duties and responsibilities there are clear lines of accountability;
- The Chief Nurse is the executive lead for ensuring a fully integrated and joined up system of risk and control management is in place on behalf of the Board. The Chief Nurse is also responsible for infection prevention and control, and safeguarding children and adults;
- The Chief Operating Officer is responsible for overall risks to operational performance;
- The Finance Director provides the strategic lead for financial risk and the effective coordination of financial controls throughout the Trust;
- The Director of Workforce and Organisational Development is responsible for workforce planning, staffing issues, education and training and organisations development;

- The Chief Digital and Information Officer is responsible for the overall risks associated with information technology and is also the SIRO and has responsibility for information governance;
- The Foundation Trust Secretary is responsible for the management of the Board Assurance Framework and ensuring that strategic risks are identified and reported to the Board of Directors.

All Executive Directors, Associate Chief Operating Officers, Care Group Clinical Leads and Managers are responsible for identifying, communicating and managing the risks associated with their portfolios in accordance with the Trust's Risk Management Framework. They are responsible for understanding the approach towards risk management of all key clients, contractors, suppliers and partners and mitigate where necessary, where gaps are found. They are responsible for identifying risks that should be escalated to and from the Corporate Risk Register. The Risk Management Framework is available to all staff electronically via the Trust intranet. Roles and responsibilities in terms of risk management are incorporated into the Trust Risk Management Policy.

The Trust recognises the importance of supporting staff. The risk management team act as a support and mentor to staff who are undertaking risk assessments, incident reporting, incident investigation and managing risk as part of their role. In addition, the Board has set out the minimum requirements for staff training required to control key risks. A training needs analysis informs the Trust's mandatory training requirements and has been kept under review; this sets out the training requirements of all staff and includes the frequency of training in each case.

Incidents, complaints and patient feedback are routinely analysed to identify learning opportunities and improve control. Lessons for learning are disseminated to staff using a variety of methods including Safety Spotlight monthly magazine and through Care Group governance groups.

The Trust has in place counter fraud arrangements through Audit Yorkshire from the NHS Counter Fraud Authority and has a named Local Counter Fraud Specialist. In order to ensure that counter fraud resources are effective there is a Counter Fraud Plan and Annual Counter Fraud Report which outline the proactive, reactive and strategic counter fraud work undertaken for the Trust in 2020/21.

I have ensured that all significant risks of which I have become aware of are reported through to the Board of Directors at each formal meeting. All new significant risks are escalated to me as Chief Executive and subject to validation by the Executive Team. The residual risk score determines the escalation of risk.

The Risk and Control Framework

The Trust has a Risk Management Strategy (titled Risk Management Framework), which is reviewed and endorsed by the Board of Directors. The Strategy provides a framework for managing risks across the organisation. The Strategy provides a clear, systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes across the organisation.

As part of a programme of reviews, in 2021 the Strategy will be assessed against best practice and revised following feedback from stakeholders and learning from other NHS organisations. It will be aligned to the Trust's strategic objectives.

The Strategy sets out the role of the Board and its sub-committees together with individual responsibilities of the Chief Executive, Executive Directors, other senior managers and all staff managing risk and individuals to ensure that risks which cannot be managed locally are escalated through the organisation. All risks are evaluated against a risk grading matrix to ensure that all risks are considered alike. The control measures, designed to mitigate and minimise identified risks, are recorded within the Corporate Risk Register and Board Assurance Framework.

The Board Assurance Framework sets out:

- The strategic objective (what the organisation aims to deliver)
- Strategic risks (those factors that could prevent the objective being achieved)
- Controls (processes in place to manage the risks)
- Assurance (evidence that appropriate controls are in place and operating effectively)
- Risk rating (pre and post mitigation and target rating)

The Board Assurance Framework provides assurance to the Board, that the risks are being adequately controlled and informs the preparation of the Annual Governance Statement. The Board Assurance Framework was reviewed regularly at the Board of Directors meetings and the meetings of the Board's sub-committees during 2020/21; it did not identify any significant gaps in control/assurance.

There is recognition by the Board that risk appetite is an area which requires strengthening. A training session on risk appetite with Board members will be held later in the year during 2021.

We have a range of key strategic risks, which we have identified and are proactively managing; for example, through action plans and named leads, and with monitoring progress by the relevant Assurance Committee and Audit Committee. The Board considers the Board Assurance Framework (BAF) at most of its Board meetings in public, and the final BAF of 2020/21 identified the Trust's current biggest risks (scoring 20 or above as at 31 March 2021) as follows:

Failure to maintain and improve patient safety and quality of care;
Failure to maintain and transform services to ensure sustainability;
Failure to meet national standards;
Failure to maintain and develop the Trust's estate;
Failure to develop, maintain/replace and secure IT systems impacting on security, functionality and clinical care;
Failure to ensure the Trust has the required number of staff with the right skills in the right location;
Failure to ensure a healthy, engaged and resilient workforce;
Failure to achieve the Trust's financial plan;
Failure to develop a trust wide environmental sustainability agenda;
Failure to achieve the System's financial plan.

As of the 31 March 2021 the Trust has identified a range of operational risks, which are currently being mitigated. The high rated risks on the Corporate Risk Register as at 31 March 2021 relate to the following areas:

Failure to manage contagious infection outbreaks;
Failure to deliver contractual requirements of ECS;
Failure to meet Access Targets;
No access to Nurse Enhanced Unit;
Non-achievement of Service Plans;
Inability to meet Trust Estates Strategy;
Insufficient staff;
Insufficient knowledge / skills;
Failure to deliver learning outcomes;
Cyber security;
Business Continuity;
Regulatory Breach;
Failure to manage deteriorating patients;
Failure to deliver 7 day services;
Major Technology Failure.

Care Quality Commission Registration requirements

The Trust is required to register with the Care Quality Commission and its current registration status is 'Registered with Conditions'. The Trust's last inspection was in July 2019 with an overall Trust rating of Requires Improvement. A comprehensive action plan of the must do and should do actions identified by the CQC, and a range of other recommendations, was put in place with robust governance arrangements to ensure actions were completed and to monitor the effectiveness of the actions.

During 2020/21 excellent progress has been demonstrated with the CQC action plan and further improvement work has commenced with oversight from the Quality Assurance Committee. On 12 February 2021, we submitted seven notifications to the CQC requesting the removal of the 3 conditions associated with registration for York Hospital and 4 conditions associated with registration for Scarborough Hospital, with effect from 1 March 2021. The CQC notified us that five of the seven conditions have been removed, which demonstrates significant improvements in safe care delivery.

The CQC ascertained that improvements have been made in relation to the two remaining conditions, and will review the appropriateness of removing these following further audits to provide assurance that practice is embedded.

Learning from Incidents

In June 2020 a new Deputy Director of Governance and Patient Safety commenced in post. An early priority of the role was to review the clinical governance processes in place across the Trust. The review identified a number of areas for improvement and as a result revised processes have been introduced. Of particular concern were the incident management processes and the embedding of learning across the Trust. A number of action plans that had limited evidence of delivery, indicating gaps in governance and assurance. In addition there was limited clinical oversight of incidents reported on a daily basis and staff told us that they received little feedback from incidents they reported.

In order to strengthen incident management processes, the Deputy Director introduced a daily corporate review of Datix reported incidents. This ensures that all incidents are reviewed and appropriately acted upon. Over the course of the year the Care Groups have developed their systems to review incidents daily and as a result the corporate team are assured that incidents are appropriately reviewed so now review 3-5 working days after the incident is reported, which allows time for local action to have taken place. Incidents of concern (moderate and above) also now have a 72-hour report completed which are presented by clinicians to the strengthened weekly Quality and Safety (Q&S) Group which has Executive and senior Care Group representation. Learning is shared across all care groups and certain issues require assurance back to the Q&S that actions and learning have been embedded. This group will also declare serious incidents (SIs).

The SI group was also strengthened to ensure that it now has CCG and LMS representation to ensure external scrutiny of investigations and learning. The SI group receives the assurance from Care Groups that action plans have been delivered and embedded and approves closure. This ensures robust governance of action plan delivery.

A Quality and Patient Safety (QPaS) Group was established in October 2020 and reports to the Executive Committee and Quality Committee. The QPaS Group is attended by all Care Group Directors and as part of the agenda receives a monthly report in relation to incidents and the delivery of action plans. Escalations are received in relation to outstanding action plans.

To further ensure sharing of learning the Staff Matters monthly newsletter now contains a "Safety Spotlight" supplement to share learning across the organisation. In addition all Care Groups share learning from 72-hour reports and SI reports through their clinical governance agendas.

All of the above actions have been taken to provide robust governance of incidents and to develop a high reliability culture of patient safety. Over the next year we will continue to redesign our SI processes in line with the Patient Safety Investigation Framework that will be launched nationally in Spring 2022. In addition we aim to begin to introduce a focus on learning from excellence to embed a safety culture adopting a standardised and widespread Quality Improvement approach right across the whole organisation.

NHS Provider Licence – Condition 4

The Trust underwent a Licence Review by NHSE/I in February and March 2018 because of financial difficulties. The Trust was subject to an investigation into compliance with its Licence in relation to finance, governance and the overall sustainability of the Trust's business model. The investigation did find evidence that the Trust was in breach of its Licence conditions, and as a result the Trust received a number of undertakings. The Board of Directors developed an action plan in response and has worked consistently to improve the position. In the early part of 2019/20 NHSE/I reviewed the Board's progress and satisfied themselves that they were able to lift a number of the undertakings on 1 July 2019. In December 2020, notification was received that the Trust had complied with all remaining enforcement undertakings and was no longer considered in breach of its provider licence.

Single Oversight Framework

Following the lifting of our licence breaches the Trust was formally moved from segment 3 to segment 2 in NHSE/I's single oversight and assurance framework. This moves the Trust out of mandatory intervention and again reflects a cultural shift for the organisation which is now seen to be at the heart of development of the Integrated Care System in Humber Coast and Vale and is playing a leadership role in the emerging arrangements.

Performance

The Board reviews performance data each month against NHS Improvement and CQC standards and outcomes via its Integrated Business Report focussing on key performance indicators; quality, safety, patient experience and clinical outcomes; people and organisational development; and finance.

A review of the Trust's performance management framework has been completed and a new process approved by the Executive Committee will commence in June 2021. This will further enhance the rigour and scrutiny necessary to assure the Board that recovery plans are on trajectory or mitigating actions are put in place where performance is off-track. The Trust is a key member of the Humber Coast & Vale Health and Care Partnership (HCP), with a number of Trust Directors and Senior Managers leading on and participating in work to re-design and configure pathways, and to optimise and expand service capacity where feasible.

Financial Performance

The NHS finance regime for 2020/21 has been like no other in recent memory; the COVID-19 pandemic has dominated NHS finances locally, regionally and nationally. To support the NHS in its response to COVID-19 all normal financial arrangements were suspended and an emergency financial framework was put into operation until 30 September 2020. This initial regime included a retrospective top-up process which ensured a balanced financial position for the Trust.

In the second half of the year the emphasis of the regulatory regime changed to focus on the reintroduction of financial control, with the Trust being expected to manage within a fixed resource allocation set by NHSE/I. The Board of Directors agreed a plan that resulted in a £5.5m income and expenditure deficit for the second half of the year; this position was agreed with system partners and regulators recognising that national assumptions around non-clinical income and annual leave carry over accruals were unreasonable given the pandemic circumstances. This position was a common planning theme in the case of acute providers.

Achievement of economy, efficiency and effectiveness is underpinned by the Trust's Governance Framework and supported by internal and external audit reviews, which are monitored through the Audit Committee. The Trust also has a contract for counter fraud services for the proactive prevention, detection and reactive investigation of fraud.

Cost Improvement Programme (CIP)

The implementation of the emergency financial framework in 2020/21 has seen a suspension nationally of any requirement to deliver cost improvements. The pressure on the front line has been at such a level that the requirement to find efficiencies would have

been impossible, and this national position was recognised and welcomed.

The Department of Health & Social Care have clearly indicated that the five financial tests integral to the NHS Long term plan must continue to hold for the NHS plan to be affordable and deliverable. One of these tests is to deliver at least 1.1% cash-releasing productivity. On this basis the Trust's Efficiency Team has continued to work alongside Care Groups and Corporate Directorates to support further development and validation of plans, to ensure the Trust is in a strong position when the financial regime returns to a level of normality. The emphasis this year has been on efficiency planning rather than actual efficiency programme delivery. The team are also working on a refresh of the efficiency programme to align the principles and language with the national message.

Under normal operating arrangements, where Cost Improvement Programme (CIP) schemes have been developed by the Care Groups they undergo a quality impact assessment (QIA), so are self-assessed by the Care Group Teams, including the Care Group Manager, Finance Manager, with senior clinical input using the Trust's risk assessment framework (5 x 5 risk matrix) with a log of risks recorded, analysed and evaluated for potential impact on the safety and quality of patient care. The schemes are independently reviewed by a senior clinician (Medical Director's Team) and a senior nurse (Corporate Nursing Team) and Safety meetings are held weekly with the Chief Nurse and Medical Director which highlight any deterioration. There is an escalation process for any schemes that have been highlighted as high or extreme risk to the Executive Team through the Efficiency Delivery Group, including the Medical Director and Chief Nurse, for detailed discussion of risk, including reputational risk. In line with the efficiency requirements of the eventual operating framework going forwards, this quality impact assessment process will be re-instated.

Stakeholders

Public stakeholders are involved in the management of risks which impact on them through public meetings of the Board, and our attendance at Health Overview and Scrutiny meetings. Governors are involved in discussions about risks which impact on patients and members through regular meetings including the Council of Governors and Governor Sub-Groups. They are involved in the development of the Trust's strategy and operational plans. Our engagement with our stakeholders produces an additional layer of scrutiny and challenge from broad representative areas of our population groups and therefore enables the Trust to remain grounded and responsive to the communities we serve.

The Trust is engaged with partner organisations in the local health and care system in discussing quality and risk issues impacting on patients, in particular through work of the Humber, Coast and Vale Integrated Care System (ICS).

Further information regarding patient and public engagement in the Trust is included in the Annual Report.

Register of Gifts and Hospitality

The Trust publishes on its website an up-to-date register of interests, including gifts and hospitality, for decision making staff (as defined by the trust with reference to guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS'

guidance. The register for the Board can be found https://www.yorkhospitals.nhs.uk/seecmsfile/?id=5657.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Equality, Diversity and Human Rights

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Climate Change

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of the UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Covid-19

In March 2020, the Trust faced unprecedented times due to the Covid-19 pandemic and in line with its emergency planning arrangements the Trust moved into command and control to manage the operational planning, response and mitigation of the impact.

During command and control, decisions are required to be made in a fast moving environment. It is important that the governance of the Trust supports this, mindful of the need to free up the capacity of the executive team in order to get the best possible outcomes for the population.

Financial and operational decisions taken at Gold Command were reported through the Executive Committee to ensure that there is broader oversight and executive challenge where required. They are reported in summary to the relevant board committees and to Board via escalation reports and the Executive Committee minutes.

There is a live risk log reviewed and managed by Gold Command at their meetings with risks on the Trust's risk register being updated to include the impact of Covid-19. The overarching risks are reported to the relevant Board committee.

In line with NHS England and NHS Improvement (NHS E/I) guidance, issued on 28 March 2020 (Reducing the burden and releasing management capacity) in response to COVID-19, the Trust's governance structures including Board Committees, were temporarily streamlined. The Board and Committee structures recommenced normal activity from 1 July but continued to meet virtually during 2020 and into 2021.

Review of economy, efficiency and effectiveness of the use of resources

During the year the Board of Directors has received regular reports informing of the economy, efficiency and effectiveness of the use of resources. The reports provide detail on the financial and clinical performance of the Trust during the previous period and highlight any areas where there are concerns. The Trust uses a number of ways to review assurance mechanisms, including the Board Committee Structure, Internal Audit and other reviews including those by NHSE/I, CQC and well-led framework.

The Trust operates within a governance framework of Standing Orders, Standing Financial Instructions and other processes. The framework includes explicit arrangements for:

- Setting and monitoring financial budgets;
- Delegation of authority;
- Performance management; and
- Achieving value for money in procurement.

The governance framework is subject to scrutiny by the Trust's Audit Committee and internal and external audit. Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources.

Information Governance

The Trust has appointed a new, Board-level, Chief Digital Information Officer as well as a Data Protection Officer and Head of Information Governance. These roles have responsibility for providing professional leadership on Information Management and information management related legislation and professional standards for the Trust and partners.

Staff have continued to engage in information governance and security training as part of the mandatory training programme across the Trust. The policies and procedures that support this training will be reviewed in the upcoming year.

The Data Protection and Security Toolkit 2019/20 was submitted in September 2020. This was delayed nationally due to the response to COVID-19. The assessment resulted in the Trust not having met the required standards. An improvement plan has been agreed and the interim Toolkit was submitted in February 2021. The full submission is in progress and due in June 2021. The Information Governance Executive Group continues to monitor this and reports to the Chief Executive.

The Trust had no information security breaches or Level 2 incidents during the year which were of a scale or severity to require a report to the Information Commissioner.

Data Quality and Governance

The Trust has arrangements in place to ensure it processes data that is accurate, reliable, timely, complete and sufficient. The responsibility for quality is split between the Chief Nurse and Medical Director, both of whom sit on the Quality Assurance Committee. The Quality Assurance Committee reports directly into the Board and the Chair of the Quality Committee also is a member of the Audit Committee.

The Trust has a number of underpinning strategies in place, including the Patient Safety Strategy and Quality Improvement Strategy which is currently being refreshed. These are supported by the Risk Management Framework and policies relating to health & safety, incident reporting, complaints, claims and safeguarding.

Over the course of 2020/21 the governance processes have been strengthened and there has been an improvement focus on a number of areas, such as, risk management, clinical audit and effectiveness, duty of candour, the incident management processes and learning from serious incidents. Any areas of concern are escalated to the Board via the Committee Structure, which includes the Audit Committee. A monthly Safety Spotlight newsletter has been introduced to share learning across the organisation.

The Trust actively encourages staff to develop their skills and knowledge by providing numerous courses and opportunities. Specific courses are also developed following concerns raised or discussions with staff, such as a new leadership/supervisory development course. The Trust has been working with partner HEIs, specifically focusing on Coventry University at Scarborough, to develop opportunities for local people to undertake undergraduate training in health care related courses. Closer working links have also been developed with the Hull York Medical School in order to ensure more places for doctors in training.

Data quality, monitoring, validation and system controls are embedded within the organisation, and reporting processes to assure the quality and accuracy of elective waiting time data are in place. The Trust also has a Data Quality Group which currently reports into the Audit Committee to review data quality and provide assurance. The level of assurance has been enhanced during the year through continued development and refining of the collection and use of data, together with the strengthening of the assurance received by the Quality Assurance Committee.

Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board and its assurance committees. A plan to address weaknesses and ensure continuous improvement of the systems is in place.

The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its strategic objectives have been reviewed.

The Trust Board seeks assurance from the Trust's internal auditors, by way of reports that are published in response to reviews initiated following the agreement of an annual audit plan.

These reports are undertaken in accordance with the requirements of the Public Sector Internal Audit Standards and provide specific levels of assurance and include suggested actions to improve controls where this is considered necessary.

Apart from the Audit Committee, other sub-committees include, Quality Assurance Committee, Resources Assurance Committee, Charitable Funds Committee, details of which are set out in the Accountability Report section of this Annual Report. The Audit Committee provides the Trust Board with a means of independent and objective review of:

- Internal control;
- Financial systems;
- The financial information used by the Trust;
- Controls assurance systems
- Risk management systems
- Compliance with law, guidance and codes of conduct.

The Audit Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

Internal Audit

We have received the Head of Internal Audit Opinion which provides significant assurance that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.

A total of forty two internal audit assignments have been reported to the Group Audit Committee during the year. Of which, three were advisory 'Control Improvement Audits', which didn't carry an assurance opinion. The outcomes of the assurance reports can be seen below:

- Thirty (77%) 'Significant' assurance;
- Seven (18%) 'Limited' assurance;
- Two (5%) 'Low' assurance which were followed up in year by Internal Audit and Significant assurance subsequently awarded.

During the year, myself and/or the Finance Director & Deputy Chief Executive and Audit Sponsor have met with the Internal Audit Manager to discuss 'Limited' and 'Low' Assurance reports. Outcomes of the meetings are documented and reported to the Audit Committee, which takes assurance that action plans have been agreed and are being progressed to address areas of weakness identified.

The opinion also identifies a small number of areas where further governance improvements are necessary. These are acknowledged by management and work has already commenced to ensure improvements during 2021/22. Specifically; the Trust's Business Case Process will be strengthened to ensure post implementation reviews take place to consider whether original case objectives have been met, further work is necessary on the timeliness of intervention with regard to duty of candour and the reporting of safety incidents, process improvements will be targeted to ensure improved health and safety

governance arrangements are in place and improved contracting arrangements will be implemented to manage the safe disposal of IT equipment.

To review overarching governance arrangements it is management's intention to work with the Good Governance Institute going forwards.

External Audit

External audit provides independent assurance on the accounts, annual report, and Annual Governance Statement. These documents and internal and external audits of specific areas of internal control provide the Board of directors with the information it requires to gain assurance that the Trust is meeting its objectives to protect patients, staff, the public and other stakeholders against risks of any kind: which allows the Board to support me in signing this Annual Governance Statement. The Trust's External Auditor provided a clean unqualified audit opinion save for a limitation of scope matter regarding the inability of audit to attend stock valuations due to Covid. This limitation is a nationally occurring issue as Trusts and Auditors have worked to Covid secure practices.

Conclusion

The system of internal control has been in place at the Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts. 2020/21 was dominated by the NHS response to and recovery from the COVID pandemic. The nationally mandated nature of the response for much of the year did have an impact on the system of internal control and many non-COVID related business activities were suspended. However, the Trust did maintain its Board and sub-committee structure throughout the year and focussed its discussions on the response to the pandemic as directed by NHS England.

In summary I am assured that the NHS Foundation Trust has an overall sound system of internal controls in place, which are designed to manage the key organisational objectives and minimise the NHS Foundation Trust's exposure to risk. The Board of Directors is committed to continuous improvement and enhancement of the system of internal control. I am assured that: - The Board, executive directors and senior management have identified and are managing the risks facing the Trust, with the escalation of risk events, an effective process for keeping risks scores up to date and flagging any risk and control concerns; - There is an appropriate Risk Management Framework in the Trust; - The internal auditors and other independent assurance providers to the trust, including external audit, have identified no major concerns from their risk focused programme of independent assurance. My review therefore confirms no significant internal control issues have been identified for the year ending 31 March 2021.

Signed

Simon Morritt - Chief Executive
Date: 11 June 2021

Independent auditor's report to the Council of Governors of York Teaching Hospital NHS Foundation Trust

Report on the audit of the financial statements

Qualified opinion on the financial statements

We have audited the financial statements of York Teaching Hospital NHS Foundation Trust ('the Trust') and its subsidiaries ('the Group') for the year ended 31 March 2021 which comprise the Trust and Group Statement of Comprehensive Income, the Trust and Group Statement of Financial Position, the Trust and Group Statement of Changes in Taxpayers' Equity , the Trust and Group Statement of Cash Flows and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2020/21 as contained in the Department of Health and Social Care Group Accounting Manual 2020/21, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, except for the possible effects of the matter described in the 'Basis for qualified opinion' section of our report, the financial statements:

- give a true and fair view of the financial position of the Trust and Group as at 31 March 2021 and of the Trust's and the Group's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for qualified opinion

The carrying amounts of the Trust and Group's inventory balance held at 31 March 2021 are £8.868 million and £9.456 million respectively. We were unable to obtain sufficient appropriate audit evidence about the existence and condition of the inventory balances held by the Trust and Group at 31 March 2021 because we were unable to attend the year-end physical inventory counts due to COVID-19 related travel restrictions. We were unable to satisfy ourselves by alternative means concerning the existence and condition of inventory held by the Trust and Group as at 31 March 2021 by using other audit procedures because of the nature of the Trust and Group's accounting records. Consequently, we were unable to determine whether any adjustments to this amount were necessary.

In addition, the predecessor auditor was unable to obtain sufficient appropriate audit evidence about the existence and condition of the inventory balances held by the Trust and Group at 31 March 2020 of £9.859 million and £10,457 million respectively because physical inventory counts were not carried out by the Trust at the year-end due to COVID-19-related travel restrictions. Consequently, we were unable to determine whether any adjustment to this amount at 31 March 2020 was necessary, or whether there was any consequential effect on operating expenses in relation to inventory expenditure for the year ended 31 March 2021.

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust and Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern
In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's or the Group's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information
The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We are also required to consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the Directors' statement that they consider the Annual Report is fair, balanced and understandable and whether the Annual Report appropriately discloses those matters that we communicated to the Audit Committee which we consider should have been disclosed.

We have nothing to report in these regards.

Responsibilities of the Accounting Officer for the financial statements
As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2020/21 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust and Group to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an

audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust and Group, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accounting Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates and significant one-off or unusual transactions.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust and Group which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statement and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the NAO in April 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception
We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have not completed our work on the Trust's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2021.

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

Responsibilities of the Accounting Officer
The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources
We are required by Schedule 10(1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice
In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2020/21; or
- the Annual Governance Statement is misleading or is not consistent with our knowledge of the Trust and Group and other information of which we are aware from our audit of the financial statements; or
- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Council of Governors of York Teaching Hospital NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources.

Mark Dalton, Key Audit Partner
For and on behalf of Mazars LLP

5th Floor
3 Wellington Place
Leeds
LS1 4AP

14 June 2021

Audit Completion Certificate issued to the Council of Governors of York Teaching Hospital NHS Foundation Trust for the year ended 31 March 2021

In our auditor's report dated 14 June 2021 we explained that the audit could not be formally concluded until we had completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources.

This work has now been completed.

No matters have come to our attention since 14 June 2021 that would have a material impact on the financial statements on which we gave our qualified opinion.

The Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have identified the following significant weakness in the Trust's arrangements for the year ended 31 March 2021:

Significant weakness in arrangements	Recommendation
Care Quality Commission (CQC) inspection of the emergency department In January 2020, the CQC carried out an unannounced focused inspection of the Trust's emergency department. In their report, published in March 2020, the CQC rated the service as 'inadequate' and set out a number of areas for improvement that the Trust must address to comply with the conditions of registration. In June 2021, the CQC removed five of the seven conditions of registration originally imposed. However, two conditions of registration (in relation to risks to patients who present to the emergency departments at York and Scarborough Hospitals with mental health needs) were not removed and remain in place. In our view, the continuation of the conditions of registration imposed by the CQC represent a significant weakness in arrangements in 2020/21 in relation to: • Governance - how the Trust ensures that it makes informed decisions and properly manages its risks.	The Trust should implement and embed the action plans it has developed to address the patient care issues identified by the Care Quality Commission in order to deliver sustainable improvements for patients. In particular, it should ensure that robust monitoring and reporting processes are maintained, and that challenge, scrutiny and escalation arrangements drive the required improvements for patients and maintain the progress made to-date in implementing the actions to address the remaining issues raised by the CQC.

Certificate

We certify that we have completed the audit of York Teaching Hospital NHS Foundation Trust in accordance with the requirements of chapter 5 of part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Mark Dalton, Key Audit Partner
For and on behalf of Mazars LLP

5th Floor
3 Wellington Place
Leeds
LS1 4AP

16 September 2021

Annual Accounts

4

York Teaching Hospital NHS Foundation Trust

Consolidated and Parent

Annual accounts for the year ended 31 March 2021

Foreword to the accounts

York Teaching Hospital NHS Foundation Trust

These accounts, for the year ended 31 March 2021, have been prepared by York Teaching Hospital NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

From 1 April 2021 the Trust changed its name to York & Scarborough Teaching Hospitals NHS Foundation Trust.

Signed …….

Name **Simon Morritt**
Job title **Chief Executive**
Date **11 June 2021**

Consolidated Statement of Comprehensive Income

		Group		Trust	
		2020/21	2019/20	2020/21	2019/20
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	536,526	478,937	534,519	478,136
Other operating income	4	79,847	77,602	76,914	72,191
Operating expenses	6, 8	(611,476)	(553,307)	(611,619)	(549,086)
Operating surplus/(deficit) from continuing operations		**4,897**	**3,232**	**(186)**	**1,241**
Finance income	11	16	209	1,265	921
Finance expenses	12	(517)	(923)	(1,493)	(1,304)
PDC dividends payable		(5,372)	(5,179)	(5,372)	(5,179)
Net finance costs		**(5,873)**	**(5,893)**	**(5,600)**	**(5,562)**
Other gains / (losses)	13	(10)	16	(10)	16
Surplus / (deficit) for the year from continuing operations		**(986)**	**(2,645)**	**(5,796)**	**(4,305)**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	7	(11,203)	(1,843)	(11,203)	(1,843)
Revaluations	18	14,318	11,836	14,318	11,836
Other reserve movements		(12)	-	(12)	-
Total comprehensive income / (expense) for the period		**3,103**	**9,993**	**3,103**	**9,993**
Surplus/ (deficit) for the period attributable to:					
York Teaching Hospital NHS Foundation Trust		(986)	(2,645)	(2,693)	5,688
TOTAL		**(986)**	**(2,645)**	**(2,693)**	**5,688**
Total comprehensive income/ (expense) for the period attributable to:					
York Teaching Hospital NHS Foundation Trust		2,117	7,348	410	15,681
TOTAL		**2,117**	**7,348**	**410**	**15,681**

Statements of Financial Position

	Note	Group 31 March 2021 £000	Group 31 March 2020 £000	Trust 31 March 2021 £000	Trust 31 March 2020 £000
Non-current assets					
Intangible assets	14	10,290	7,630	10,290	7,630
Property, plant and equipment	15	244,868	236,001	231,320	228,370
Receivables	21	4,221	5,934	4,220	5,933
Receivables relating to subsidiary	21	-	-	38,283	26,361
Total non-current assets		**259,379**	**249,565**	**284,113**	**268,294**
Current assets					
Inventories	20	9,456	10,457	8,868	9,859
Receivables	21	20,219	28,578	17,470	27,157
Receivables relating to subsidiary	21	-	-	1,887	7,116
Cash and cash equivalents	22	47,296	11,385	45,850	8,403
Total current assets		**76,971**	**50,420**	**74,075**	**52,535**
Current liabilities					
Trade and other payables	23	(60,070)	(39,125)	(46,678)	(34,160)
Trade and other payables relating to subsidiary	23	-	-	(16,942)	(9,019)
Borrowings	25	(3,382)	(35,566)	(3,316)	(35,505)
Borrowings relating to subsidiary	25	-	-	(2,488)	(1,940)
Provisions	27	(250)	(103)	(250)	(103)
Other liabilities	24	(1,107)	(2,037)	(1,092)	(2,037)
Total current liabilities		**(64,809)**	**(76,831)**	**(70,766)**	**(82,764)**
Total assets less current liabilities		**271,541**	**223,154**	**287,422**	**238,065**
Non-current liabilities					
Trade and other payables	23	(66)	(54)	(54)	(54)
Borrowings	25	(24,666)	(26,284)	(24,349)	(25,999)
Borrowings relating to subsidiary	25	-	-	(22,762)	(16,950)
Provisions	27	(2,152)	(1,705)	(2,152)	(1,705)
Total non-current liabilities		**(26,884)**	**(28,043)**	**(49,317)**	**(44,708)**
Total assets employed		**244,657**	**195,111**	**238,105**	**193,357**
Financed by					
Public dividend capital		142,837	95,408	142,837	95,408
Revaluation reserve		65,169	62,954	65,169	62,954
Income and expenditure reserve		36,651	36,749	30,099	34,995
Total taxpayers' and others' equity		**244,657**	**195,111**	**238,105**	**193,357**

Notes 1 to 33 of the financial statements on the following pages were approved by the Board of Directors on the 11 June 2021 and signed on its behalf by :

Name Simon Morritt
Position Chief Executive
Date **11 June 2021**

Consolidated Statement of Changes in Equity for the year ended 31 March 2021

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**95,408**	**62,954**	**36,749**	**195,111**
Surplus/(deficit) for the year	-	-	(986)	**(986)**
Impairments	-	(11,203)	-	**(11,203)**
Revaluations	-	14,318	-	**14,318**
Transfer to retained earnings on disposal of assets	-	(900)	900	**-**
Public dividend capital received	47,606	-	-	**47,606**
Public dividend capital repaid	(177)	-	-	**(177)**
Other reserve movements*	-	-	(12)	**(12)**
Taxpayers' and others' equity at 31 March 2021	**142,837**	**65,169**	**36,651**	**244,657**

*** Other reserve movements**

The Group position above consists of the consolidated accounts of York Teaching Hospital NHS Foundation Trust and York Teaching Hospital Facilities Management LLP. Included in the consolidated position is the £25k profit element attributable to the non-controlling interest (5% holding) member of the LLP, Northumbria Healthcare Facilities Management Ltd. In 2020/21 a payment of £12.5k was made to Northumbria Healthcare Facilitiies Management Ltd being their share of the profits from 2018/19.

Consolidated Statement of Changes in Equity for the year ended 31 March 2020

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**93,739**	**52,961**	**39,394**	**186,094**
Surplus/(deficit) for the year	-	-	(2,645)	**(2,645)**
Impairments	-	(1,843)	-	**(1,843)**
Revaluations	-	11,836	-	**11,836**
Public dividend capital received	1,669	-	-	**1,669**
Taxpayers' and others' equity at 31 March 2020	**95,408**	**62,954**	**36,749**	**195,111**

Trust Statement of Changes in Equity for the year ended 31 March 2021

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**95,408**	**62,954**	**34,995**	**193,357**
Surplus/(deficit) for the year	-	-	(5,796)	**(5,796)**
Impairments	-	(11,203)	-	**(11,203)**
Revaluations	-	14,318	-	**14,318**
Transfer to retained earnings on disposal of assets	-	(900)	900	**-**
Public dividend capital received	47,606	-	-	**47,606**
Public dividend capital repaid	(177)	-	-	**(177)**
Taxpayers' and others' equity at 31 March 2021	**142,837**	**65,169**	**30,099**	**238,105**

Trust Statement of Changes in Equity for the year ended 31 March 2020

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**93,739**	**52,961**	**39,300**	**186,000**
Surplus/(deficit) for the year	**-**	**-**	(4,305)	**(4,305)**
Impairments	**-**	(1,843)	**-**	**(1,843)**
Revaluations	**-**	11,836	**-**	**11,836**
Public dividend capital received	1,669	**-**	**-**	**1,669**
Taxpayers' and others' equity at 31 March 2020	**95,408**	**62,954**	**34,995**	**193,357**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statements of Cash Flows

	Note	Group 2020/21 £000	Group 2019/20 £000	Trust 2020/21 £000	Trust 2019/20 £000
Cash flows from operating activities					
Operating surplus / (deficit)		4,897	3,232	(186)	1,241
Non-cash income and expense:					
Depreciation and amortisation	6	11,371	9,495	11,371	9,495
Net impairments	7	5,146	3,697	5,131	3,697
Income recognised in respect of capital donations	4	(850)	(673)	(850)	(673)
(Increase) / decrease in receivables relating to subsidiary		-	-	5,806	(4,969)
(Increase) / decrease in receivables and other assets		9,611	3,235	11,336	3,237
(Increase) / decrease in inventories		1,001	(1,595)	991	(1,894)
Increase / (decrease) in payables and other liabilities		15,044	(4,866)	11,573	(1,105)
(Increase) / decrease in payables relating to subsidiary		-	-	7,923	6,169
Increase / (decrease) in provisions		597	985	597	985
Net cash flows from / (used in) operating activities		**46,817**	**13,510**	**53,692**	**16,183**
Cash flows from investing activities					
Interest received		16	209	18	188
interest received from subsidiary		-	-	1,247	751
Purchase of intangible assets		(256)	(759)	(256)	(853)
Purchase of PPE		(19,238)	(11,756)	(18,786)	(17,811)
Sales of PPE		35	63	35	45
Receipt of cash donations to purchase assets		334	673	334	673
Net cash flows from / (used in) investing activities		**(19,109)**	**(11,570)**	**(17,408)**	**(17,007)**
Cash flows from financing activities					
Public dividend capital received		47,606	1,669	47,606	1,669
Public dividend capital repaid		(177)	-	(177)	-
Movement on loans from DHSC		(33,712)	3,721	(33,712)	3,721
Movement on loans to and from subsidiary		-	-	(6,129)	1,987
Capital element of finance lease rental payments		(56)	(33)	-	-
Interest on loans		(625)	(916)	(625)	(916)
Interest on loans to subsidiary		-	-	(990)	(391)
Interest paid on finance lease liabilities		(12)	(8)	-	-
PDC dividend (paid) / refunded		(4,806)	(4,691)	(4,806)	(4,691)
Cash flows from (used in) other financing activities		(15)	(2)	(4)	(3)
Net cash flows from / (used in) financing activities		**8,203**	**(260)**	**1,163**	**1,376**
Increase / (decrease) in cash and cash equivalents		**35,911**	**1,680**	**37,447**	**552**
Cash and cash equivalents at 1 April - brought forward		**11,385**	**9,705**	**8,403**	**7,851**
Cash and cash equivalents at 31 March	22	**47,296**	**11,385**	**45,850**	**8,403**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

After making enquiries, the Directors have a reasonable expectation that the services provided by the York and Scarborough Teaching Hospitals NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Note 1.3 Consolidation

Entities over which York Teaching Hospital NHS Foundation Trust has the power to exercise control are classified as subsidiaries and are consolidated. The Trust has control when it has the ability to affect the variable returns from the other entity through its power to direct relevant activities.

The Trust, along with Northumbria Healthcare Facilities Management Ltd, incorporated a subsidiary York Teaching Hospital Facilities Management (YTHFM LLP) registered number OC421341 in March 2018 as a limited liability partnership. YTHFM LLP became operational on the 1 October 2018, as such the two members own the partnership 95:5 in favour of the Trust. The primary purpose of the subsidiary is the provision of a fully managed healthcare facility for the Trust's existing infrastructure, including the design, project management and operation of the Trust's capital programme. The income, expenses, assets, liabilities, equity and reserves for the subsidiary are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the Trust's or where the subsidiary's accounting date is not coterminous. The amounts consolidated for the year ending 31 March 2021 are drawn from the 2020/21 financial statements of YTHFM LLP which operates under the same financial accounting year as the Trust.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional, a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability. Such income includes income from providing Educational services and for providing non-patient care to other trusts.

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the Trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme. This scheme is designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. Before the Trust recognises the income it satisfies itself that :

- The perfomance obligations have been satisfied. In practical terms this means that the treatment has been given.
- The Trust has received notification from the Department of Work and Pension's Compensation Recovery Unit.
- The Trust has completed the NHS2 form and confirmed there are no discrepancies with the treatment.
- The income is measured at the agreed tariff for the treatments provided to the injured individual.
- An allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the liftime of the asset is accounted for.

Note 1.5 Other forms of income

Grants and donations
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income
The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other Income
Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Alternative pension scheme
York Teaching Hospital NHS Foundation Trust offers an alternative pension scheme to all employees who are either not eligible; or choose not, to be members of the NHS Pension Scheme at the Trust. This includes employees who are members of the NHS Pension Scheme through another role outside of the Trust and those that are not eligible to join the NHS Pension Scheme.

The alternative pension scheme is a defined contribution scheme operated by the National Employment Savings Trust (NEST). Employee and employer contribution rates are a combined minimum of 5% (with a minimum 2% being contributed by the Trust) and from October 2018 the combined contribution rate as 8% (with a minimum 3% being contributed by the Trust).

York Teaching Hospital Facilities Management LLP

A number of the YTHFM employees remain within the NHS Pension Scheme, however YTHFM also operates a NEST Pension Scheme for those employees not eligible to join the NHS Pension Scheme. Employee and Employer contributions mirror that of the NHS Pension Scheme as closely as possible, in that employer contributions are capped at 14%, the maximum amount that can be paid into the NEST scheme.

The NEST Pension scheme is a government run scheme with over 720,000 different employers contributing for 7.2m employees, therefore it is not being designed to run in a way that would enable the Group to identify its share of the underlying assets and liabilities.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Land & Buildings as the construction of all Trust assets are completed by the Trusts' subsidiary company under the terms of the MSA(Master service agreement) and the costs have recoverable VAT for the Trust.

A formal revaluation was carried out as at 31 March 2021 to reflect the changes in building values throughout the year. Where the Trust capitalised new land & building assets, a site valuation was carried out.
Valuations are carried out by professionally qualified valuers, external to the Trust, in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. (www.rics.org)

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Assets that have a value of less than £5,000 or have a sufficiently short life of less than one year are expensed through revenue.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Tust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

In 2020/21 this includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	20	60
Dwellings	5	60
Plant & machinery	5	15
Transport equipment	3	7
Information technology	3	10
Furniture & fittings	5	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Information technology	5	10
Software licences	5	10

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using both the first in, first out (FIFO) method and the weighted average cost method.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified and subsequently measured at amortised cost.

Financial liabilities are classified and subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets , the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The Trust as a lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective as at 31 March 2021:

		Nominal rate
Short-term	Up to 5 years	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.18%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	Inflation rate
Year 1	1.20%
Year 2	1.60%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note £258,742,559 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Corporation tax

The Trust Board has reviewed the commercial activites of the Trust and consideration has been given to the implications of corporation tax. At this stage the Trust Board is satisfied that there are no corporation tax liabilities resulting from non-core activities. The Trust will continue to review commercial services in light of any potential changes in the scope of corporation tax.

York Teaching Hospital NHS Foundation Trust is a Health Service Body within the meaning of s519A ICTA 1998 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is the power from the Treasury to disapply the exemption in relation to the specified activities of a Foundation Trust (s519A) (3) to (8) ICTA 1988. Accordingly, the Trust is potentially within the scope of corporation tax in respect of activities which are not related to, or ancillary to, the provision of healthcare, and where the profits there from exceed £50,000 per annum.

Tax to be paid on profits arising from the Trust's subsidiary LLP are a Member's tax liability. Trust income from the LLP has been considered as part of the Trust Board's review of commercial services.

Note 1.18 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.19 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.20 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.21 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.22 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust has already commenced work to identify all leases that contain a right of use asset, this includes obtaining access to a software system which will record the new lease asset register and calculate depreciation, interest charges plus asset values and liabilities. New processes will need to be implemented for approval of any contract containing a lease, as the consequence of this new standard is that all leases will have to be funded from the Trusts capital programme. Work is to continue into 2021/22 in readiness for the introduction of the new standard.

The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

Other standards, amendments and interpretations

IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted.

The impact of the standard is still being assessed.

Note 1.25 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

In the course of preparing the annual accounts, the Directors have to make use of estimated figures in certain cases, and routinely exercise judgement in assessing the amounts to be included. In the case of the 2019/20 accounts, the impact of estimation has been mitigated regarding the recognition of clinical income due from the Trust's key commissioners with the introduction of an alternative contract; this has resulted in a fixed contractual position over the course of the year. The Directors have formed the judgement that the Trust has recognised the appropriate level of income due under the terms of the signed contract, and anticipate recovery of outstanding debts.

Segmental Reporting
The Trust has one material segment, being the provision of healthcare. Service divisions within the Group all have similar economic characteristics; all of the healthcare activity is undertaken in relation to NHS patients.

Going Concern
Refer to note 1.2

Lease and lease back

The substance of a lease involves the transfer of the risks and rewards of ownership. It is the judgment of the Trust that where it acts as both lessor and lessee for underlying assets to which it holds legal title, that, in substance, there has been no transfer of risks and rewards. In such situations the Trust will offset assets and liabilities, as well as income and costs, arising from the contract agreements where the Trust is satisfied that it has a legally enforceable right of offset and intends to settles the assets and liabilities simultaneously.

This judgement has been applied to the lease and lease back agreements entered into by the Trust and its subsidiary entity, York Teaching Hospital Facilities Management LLP, in regards to the sites; York Hospital, Scarborough Hospital, Bridlington Hospital and various other Trust infrastructure. The Trust has leased the infrastructure to the LLP for a period of 25 years commencing on the 1 October 2018, with the permitted use as a hospital or any ancillary use (including educational purposes) as required by the Tenant for the proper performance of its obligations and exercise of its rights under the Master Services Agreement or such other use required for income generation with the prior consent of the Landlord. Such consent should not to be unreasonably withheld or delayed. The Leases also contain a provision that prohibits or restricts any disposition.

The LLP provides the infrastructure back to the Trust via its fully managed facilities contract. The linked transactions do not involve a transfer of the risks and rewards of ownership and hence, in the judgement of the Trust, there is, in substance, no lease.

The Trust invoiced the LLP for lease charges of £18.723m during the course of the year, the LLP charged the Trust a similar amount as part of its fully managed facilities billing.

Note 1.26 Sources of estimation uncertainty
The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:
Actuarial Assumptions for costs relating to the NHS pension scheme
The Trust reports employer contributions to staff pensions as operating expenditure. The employer contribution is based on an annual actuarial estimate of the required contribution to the scheme's liabilities. It is an expense that is subject to change.

Note 2 Operating Segments
All income and activities are for the provision of health and health related services in the UK. The Trust reports revenues on a Trust wide basis in its internal reports and therefore deems there to be a single segment, healthcare.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	Group 2020/21 £000	Group 2019/20 £000 Restated	Trust 2020/21 £000	Trust 2019/20 £000 Restated
Acute services				
Elective income	-	64,433	-	64,433
Non elective income	-	140,109	-	140,109
First outpatient income	-	28,209	-	28,209
Follow up outpatient income	-	34,564	-	34,564
A & E income	-	20,573	-	20,573
Block contract / system envelope income*	438,449	-	438,449	-
High cost drugs income from commissioners (excluding pass-through costs)	46,513	45,782	46,513	45,782
Other NHS clinical income	1,652	103,555	1,652	103,555
Community services				
Block contract / system envelope income*	20,739	20,173	20,739	20,173
Income from other sources (e.g. local authorities)	4,472	4,709	4,472	4,709
All services				
Private patient income	217	1,227	217	1,227
Additional pension contribution central funding**	14,694	13,655	13,237	12,854
Other clinical income	9,790	1,948	9,240	1,948
Total income from activities	**536,526**	**478,937**	**534,519**	**478,136**

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. This does not reflect the contracting and payment mechanisms in place during the prior year.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)	Group 2020/21 £000	Group 2019/20 £000	Trust 2020/21 £000	Trust 2019/20 £000
Income from patient care activities received from:				
NHS England	91,538	77,529	89,531	76,728
Clinical commissioning groups	438,797	393,420	438,797	393,420
Other NHS providers	-	11	-	11
NHS other	-	360	-	360
Local authorities	4,472	4,709	4,472	4,709
Non-NHS: private patients	217	1,227	217	1,227
Non-NHS: overseas patients (chargeable to patient)	154	346	154	346
Injury cost recovery scheme	987	977	987	977
Non NHS: other	361	358	361	358
Total income from activities	**536,526**	**478,937**	**534,519**	**478,136**
Of which:				
Related to continuing operations	536,526	478,937	534,519	478,136
Related to discontinued operations	-	-	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider) (Trust)

	Trust	
	2020/21	2019/20
	£000	£000
Income recognised this year	154	346
Cash payments received in-year	70	156
Amounts added to provision for impairment of receivables	181	41
Amounts written off in-year	21	68

Note 4 Other operating income (Group)

	2020/21			2019/20		
	Contract income £000	Non-contract income £000	Total £000	Contract income £000	Non-contract income £000	Total £000
Research and development	2,341	-	**2,341**	3,264	-	**3,264**
Education and training	21,167	821	**21,988**	18,595	761	**19,356**
Non-patient care services to other bodies	16,145	-	**16,145**	21,570	-	**21,570**
Provider sustainability fund (2019/20 only)	-	-	**-**	6,010	-	**6,010**
Financial recovery fund (2019/20 only)	-	-	**-**	11,736	-	**11,736**
Marginal rate emergency tariff funding (2019/20 only)	-	-	**-**	6,470	-	**6,470**
Reimbursement and top up funding	22,898	-	**22,898**	-	-	**-**
Income in respect of employee benefits accounted on a gross basis	1,913	-	**1,913**	2,370	-	**2,370**
Receipt of capital grants and donations	-	850	**850**	-	673	**673**
Charitable and other contributions to expenditure	-	10,482	**10,482**	-	207	**207**
Rental revenue from operating leases	-	469	**469**	-	488	**488**
Other income	2,761	-	**2,761**	5,458	-	**5,458**
Total other operating income	**67,225**	**12,622**	**79,847**	**75,473**	**2,129**	**77,602**
Of which:						
Related to continuing operations			79,847			77,602
Related to discontinued operations			-			-

Note 4 Other operating income (Trust)

	2020/21			2019/20		
	Contract income £000	Non-contract income £000	Total £000	Contract income £000	Non-contract income £000	Total £000
Research and development	2,341	-	**2,341**	3,264	-	**3,264**
Education and training	21,167	819	**21,986**	18,593	738	**19,331**
Non-patient care services to other bodies	14,491		**14,491**	19,859	-	**19,859**
Provider sustainability fund (2019/20 only)	-	-	**-**	6,010	-	**6,010**
Financial recovery fund (2019/20 only)	-	-	**-**	11,736	-	**11,736**
Marginal rate emergency tariff funding (2019/20 only)	-	-	**-**	6,470	-	**6,470**
Reimbursement and top up funding	22,897	-	**22,897**	-	-	**-**
Income in respect of employee benefits accounted on a gross basis	1,913	-	**1,913**	2,370	-	**2,370**
Receipt of capital grants and donations	-	850	**850**	-	673	**673**
Charitable and other contributions to expenditure	-	10,482	**10,482**	-	207	**207**
Rental revenue from operating leases	-	38	**38**	-	33	**33**
Other income	1,916	-	**1,916**	2,238	-	**2,238**
Total other operating income	**64,725**	**12,189**	**76,914**	**70,540**	**1,651**	**72,191**
Of which:						
Related to continuing operations			76,914			72,191
Related to discontinued operations			-			-

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	1,925	1,279	1,925	1,279
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	1,849	1,849	1,849	1,849
	3,774	**3,128**	**3,774**	**3,128**

Note 5.1 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Income from services designated as commissioner requested services	535,090	477,314	533,633	476,513
Income from services not designated as commissioner requested services	81,282	79,225	77,800	73,814
Total	**616,372**	**556,539**	**611,433**	**550,327**

Note 6 Operating expenses	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Purchase of healthcare from NHS and DHSC bodies	1,076	745	1,076	745
Purchase of healthcare from non-NHS and non-DHSC bodies	2,919	3,617	2,919	3,617
Staff and executive directors costs	411,669	372,756	384,106	349,424
Remuneration of non-executive directors	174	182	174	182
Supplies and services - clinical (excluding drugs costs)	53,675	46,717	49,390	43,621
Supplies and services - general	7,142	6,653	2,825	2,359
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	55,382	54,999	55,382	54,999
Inventories written down	517	-	517	
Consultancy costs	130	129	100	91
Establishment	4,062	3,901	3,477	3,329
Premises	19,716	16,211	61,985	49,089
Transport (including patient travel)	1,878	2,431	1,454	2,037
Depreciation on property, plant and equipment	10,173	9,046	10,173	9,046
Amortisation on intangible assets	1,198	449	1,198	449
Net impairments	5,146	3,697	5,133	3,697
Movement in credit loss allowance: contract receivables / contract assets	976	137	896	136
Increase/(decrease) in other provisions	346	(226)	346	(226)
Change in provisions discount rate(s)	244	17	243	17
Audit fees payable to the external auditor				
audit services- statutory audit costs (Excl VAT)	13	26	-	-
audit services- statutory audit costs (incl VAT)	90	77	90	77
Internal audit costs	314	299	288	299
Clinical negligence	16,407	15,215	16,407	15,215
Legal fees	514	230	471	147
Insurance	741	586	646	501
Research and development	2,276	2,157	2,276	2,158
Education and training	5,812	4,847	5,751	4,664
Rentals under operating leases	4,862	5,036	1,607	1,630
Car parking & security	1,139	900	-	(7)
Losses, ex gratia & special payments	93	116	93	115
Other	2,792	2,357	2,596	1,675
Total	**611,476**	**553,307**	**611,619**	**549,086**
Of which:				
Related to continuing operations	611,476	553,307	611,619	549,086
Related to discontinued operations	-	-	-	-

Note Limitation on auditor's liability (Group & Trust)

There is no limitation on the auditor's liability for external audit work. (2019/20: £2 million).

Note 6.1 Impairment of assets	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Net impairments charged to operating surplus / deficit resulting from:				
Abandonment of assets in course of construction	1,624	-	1,609	-
Unforeseen obsolescence	219	-	219	-
Changes in market price	3,303	3,697	3,303	3,697
Total net impairments charged to operating surplus / deficit	**5,146**	**3,697**	**5,131**	**3,697**
Impairments charged to the revaluation reserve	11,203	1,843	11,203	1,843
Total net impairments	**16,349**	**5,540**	**16,334**	**5,540**

Note 8 Employee benefits

	Group		Trust	
	2020/21 Total £000	2019/20 Total £000	2020/21 Total £000	2019/20 Total £000
Salaries and wages	319,351	282,845	297,232	264,083
Social security costs	31,222	27,608	29,667	26,225
Apprenticeship levy	1,543	1,410	1,439	1,317
Employer's contributions to NHS pensions	50,629	46,905	46,870	44,183
Pension cost - other	288	297	150	126
Temporary staff (including agency)	15,611	20,177	15,346	19,976
Total gross staff costs	**418,644**	**379,242**	**390,704**	**355,910**
Of which				
Costs capitalised as part of assets	1,061	1,264	1,061	494

Note 8.1 Retirements due to ill-health (Group)

During 2020/21 there were 6 early retirements from the Trust agreed on the grounds of ill-health (7 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £272k (£383k in 2019/20).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

During the year, 6 Executive Directors had benefits accruing under the NHS Pension scheme and the Trust made employer contributions to the NHS Pension Scheme of £105k in respect of these Directors.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6% of pensionable pay.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. . In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

c) Alternative pension scheme

York Teaching Hospital NHS Foundation Trust offers an alternative pension scheme to all employees who are either not eligible or choose not to be members of the NHS Pension Scheme at the Trust. This includes employees who are members of the NHS Pension Scheme through another role outside of the Trust and those that are not eligible to join the NHS Pension Scheme.

The alternative pension scheme is a defined contribution scheme operated by the National Employment Savings Trust (NEST). Employee and employer contribution rates are a combined minimum of 8% (with a minimum 3% being contributed by the Trust).

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A number of the YTHFM employees remain within the NHS Pension Scheme, however YTHFM also operates a NEST pension scheme for those employees not eligible to join the NHS Pension Scheme. Employee and Employer contributions mirror that of the NHS Pension Scheme as closely as possible, in that employer contributions are capped at 14%, the maximum amount that can be paid into the NEST scheme.

Note 10 Operating leases

Note 10.1 York Teaching Hospital NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where York Teaching Hospital NHS Foundation Trust is the lessor.

	Group		Trust	
	2020/21 £000	2019/20 £000	2020/21 £000	2019/20 £000
Operating lease revenue				
Minimum lease receipts	469	488	38	33
Total	**469**	**488**	**38**	**33**

	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Future minimum lease receipts due:				
- not later than one year;	466	475	38	33
- later than one year and not later than five years;	1,712	2,176	42	38
- later than five years.	209	308	-	-
Total	**2,387**	**2,959**	**80**	**71**

Note 10.2 York Teaching Hospital NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where York Teaching Hospital NHS Foundation Trust is the lessee.

	2020/21 £000	2019/20 £000	2020/21 £000	2019/20 £000
Operating lease expense				
Minimum lease payments	4,862	5,036	1,607	1,630
Total	**4,862**	**5,036**	**1,607**	**1,630**

	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Future minimum lease payments due:				
- not later than one year;	5,379	5,152	1,627	1,379
- later than one year and not later than five years;	12,338	12,938	4,885	5,557
- later than five years.	3,859	5,193	2,974	4,206
Total	**21,576**	**23,283**	**9,486**	**11,142**
Future minimum sublease payments to be received	-	-	-	-

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Interest on bank accounts	-	186	-	164
Interest on other investments / financial assets	16	23	18	22
Interest on loans to subsidiary	-	-	1,247	735
Total finance income	**16**	**209**	**1,265**	**921**

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Interest expense:				
Loans from the Department of Health and Social Care	498	910	498	910
Interest on loans from the subsidiary	-	-	990	390
Finance leases	14	8	-	-
Interest on late payment of commercial debt	3	3	3	2
Total interest expense	**515**	**921**	**1,491**	**1,302**
Unwinding of discount on provisions	(3)	2	(3)	
Other finance costs	5	-	5	2
Total finance costs	**517**	**923**	**1,493**	**1,304**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Amounts included within interest payable arising from claims made under this legislation	3	3	3	2

Note 13 Other gains / (losses)

	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Gains on disposal of assets	2	25	2	25
Losses on disposal of assets	(12)	(9)	(12)	(9)
Total gains / (losses) on disposal of assets	**(10)**	**16**	**(10)**	**16**

Note 14 Intangible assets Trust - 2020/21

Group	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**11,561**	**792**	**12,353**
Additions	256	-	**256**
Reclassifications	3,602	-	**3,602**
Disposals / derecognition	(1,241)	-	**(1,241)**
Valuation / gross cost at 31 March 2021	**14,178**	**792**	**14,970**
Amortisation at 1 April 2020 - brought forward	**4,585**	**138**	**4,723**
Provided during the year	1,119	79	**1,198**
Disposals / derecognition	(1,241)	-	**(1,241)**
Amortisation at 31 March 2021	**4,463**	**217**	**4,680**
Net book value at 31 March 2021	**9,715**	**575**	**10,290**
Net book value at 1 April 2020	**6,976**	**654**	**7,630**

During the year, £3,602k of assets were reclassified from PPE assets under construction to Intangible assets. This movement is reported on the reclassifications line in the table above and in note 15.

Note 14.1 Intangible assets - 2019/20

Group	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**10,216**	**792**	**11,008**
Additions	759	-	**759**
Reclassifications	586	-	**586**
Valuation / gross cost at 31 March 2020	**11,561**	**792**	**12,353**
Amortisation at 1 April 2019 - as previously stated	**4,215**	**59**	**4,274**
Provided during the year	370	79	**449**
Amortisation at 31 March 2020	**4,585**	**138**	**4,723**
Net book value at 31 March 2020	**6,976**	**654**	**7,630**
Net book value at 1 April 2019	**6,001**	**733**	**6,734**

The Group and Trust Intangible assets are the same and therefore are shown as the Trust figures only .

Note 15 Property, plant and equipment - 2020/21

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 - brought forward	**13,465**	**192,606**	**1,515**	**12,077**	**41,207**	**715**	**27,788**	**35**	**289,408**
Additions	-	281	-	22,955	665	-	817	-	**24,718**
Impairments	(29)	(21,768)	-	(1,624)	-	-	-	-	**(23,421)**
Reversals of impairments	-	2,831	-	-	-	-	-	-	**2,831**
Revaluations	80	11,691	22	-	-	-	-	-	**11,793**
Reclassifications	-	10,321	-	(17,961)	1,968	127	1,943	-	**(3,602)**
Disposals / derecognition	-	-	-	-	(11,730)	(15)	(9,698)	-	**(21,443)**
Valuation/gross cost at 31 March 2021	**13,516**	**195,962**	**1,537**	**15,447**	**32,110**	**827**	**20,850**	**35**	**280,284**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**2,196**	**-**	**-**	**30,579**	**330**	**20,269**	**33**	**53,407**
Provided during the year	-	6,925	76	-	1,715	88	1,367	2	**10,173**
Impairments	-	(408)	-	-	-	-	-	-	**(408)**
Reversals of impairments	-	(3,833)	-	-	-	-	-	-	**(3,833)**
Revaluations	-	(2,449)	(76)	-	-	-	-	-	**(2,525)**
Disposals / derecognition	-	-	-	-	(11,686)	(15)	(9,697)	-	**(21,398)**
Accumulated depreciation at 31 March 2021	**-**	**2,431**	**-**	**-**	**20,608**	**403**	**11,939**	**35**	**35,416**
Net book value at 31 March 2021	**13,516**	**193,531**	**1,537**	**15,447**	**11,502**	**424**	**8,911**	**-**	**244,868**
Net book value at 1 April 2020	**13,465**	**190,410**	**1,515**	**12,077**	**10,628**	**385**	**7,519**	**2**	**236,001**

Note 15.1 Property, plant and equipment - 2019/20

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**13,928**	**178,545**	**1,538**	**16,460**	**42,797**	**743**	**31,444**	**82**	**285,537**
Additions	-	1,458	1	9,533	702	-	1,065	-	**12,759**
Impairments	(518)	(7,642)	-	-	-	-	-	-	**(8,160)**
Reversals of impairments	-	1,388	-	-	-	-	-	-	**1,388**
Revaluations	55	6,824	(24)	-	-	-	-	-	**6,855**
Reclassifications	-	12,033	-	(13,875)	1,237	-	19	-	**(586)**
Disposals / derecognition	-	-	-	(41)	(3,529)	(28)	(4,740)	(47)	**(8,385)**
Valuation/gross cost at 31 March 2020	**13,465**	**192,606**	**1,515**	**12,077**	**41,207**	**715**	**27,788**	**35**	**289,408**
Accumulated depreciation at 1 April 2019 - as previously stated	**-**	**2,154**	**-**	**-**	**32,618**	**269**	**23,795**	**77**	**58,913**
Provided during the year	-	6,178	77	-	1,485	89	1,214	3	**9,046**
Impairments	-	(1)	-	-	-	-	-	-	**(1)**
Reversals of impairments	-	(1,231)	-	-	-	-	-	-	**(1,231)**
Revaluations	-	(4,904)	(77)	-	-	-	-	-	**(4,981)**
Disposals / derecognition	-	-	-	-	(3,524)	(28)	(4,740)	(47)	**(8,339)**
Accumulated depreciation at 31 March 2020	**-**	**2,196**	**-**	**-**	**30,579**	**330**	**20,269**	**33**	**53,407**
Net book value at 31 March 2020	**13,465**	**190,410**	**1,515**	**12,077**	**10,628**	**385**	**7,519**	**2**	**236,001**
Net book value at 1 April 2019	**13,928**	**176,391**	**1,538**	**16,460**	**10,179**	**474**	**7,649**	**5**	**226,624**

Note 15.2 Property, plant and equipment financing - 2020/21

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021									
Owned - purchased	13,516	189,787	1,537	15,447	9,557	139	8,911	-	**238,894**
Finance leased	-	-	-	-	386	-	-	-	**386**
Owned - donated/granted	-	3,744	-	-	1,559	285	-	-	**5,588**
NBV total at 31 March 2021	**13,516**	**193,531**	**1,537**	**15,447**	**11,502**	**424**	**8,911**	**-**	**244,868**

Note 15.3 Property, plant and equipment financing - 2019/20

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020									
Owned - purchased	13,465	186,744	1,515	12,077	9,059	18	7,519	2	**230,399**
Finance leased	-	-	-	-	355	-	-	-	**355**
Owned - donated/granted	-	3,666	-	-	1,214	367	-	-	**5,247**
NBV total at 31 March 2020	**13,465**	**190,410**	**1,515**	**12,077**	**10,628**	**385**	**7,519**	**2**	**236,001**

Note 16.1 Property, plant and equipment - 2020/21

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 - brought forward	**13,465**	**192,606**	**1,515**	**4,445**	**41,208**	**715**	**27,788**	**35**	**281,777**
Additions	-	9,701	-	5,525	2,606	127	827	-	**18,786**
Impairments	(29)	(21,768)	-	(1,609)	-	-	-	-	**(23,406)**
Reversals of impairments	-	2,831	-	-	-	-	-	-	**2,831**
Revaluations	80	11,691	22	-	-	-	-	-	**11,793**
Reclassifications	-	908	-	(6,462)	20	-	1,932	-	**(3,602)**
Disposals / derecognition	-	-	-	-	(11,730)	(15)	(9,698)	-	**(21,443)**
Valuation/gross cost at 31 March 2021	**13,516**	**195,969**	**1,537**	**1,899**	**32,104**	**827**	**20,849**	**35**	**266,736**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**2,196**	**-**	**-**	**30,579**	**330**	**20,269**	**33**	**53,407**
Provided during the year	-	6,933	75	-	1,709	88	1,366	2	**10,173**
Impairments	-	(408)	-	-	-	-	-	-	**(408)**
Reversals of impairments	-	(3,833)	-	-	-	-	-	-	**(3,833)**
Revaluations	-	(2,450)	(75)	-	-	-	-	-	**(2,525)**
Disposals / derecognition	-	-	-	-	(11,686)	(15)	(9,697)	-	**(21,398)**
Accumulated depreciation at 31 March 2021	**-**	**2,438**	**-**	**-**	**20,602**	**403**	**11,938**	**35**	**35,416**
Net book value at 31 March 2021	**13,516**	**193,531**	**1,537**	**1,899**	**11,502**	**424**	**8,911**	**-**	**231,320**
Net book value at 1 April 2020	**13,465**	**190,410**	**1,515**	**4,445**	**10,629**	**385**	**7,519**	**2**	**228,370**

Note 16.2 Property, plant and equipment - 2019/20

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**13,928**	**178,545**	**1,538**	**2,572**	**42,798**	**743**	**31,444**	**82**	**271,650**
Additions	-	13,469	1	2,417	1,950	-	1,065	-	**18,902**
Impairments	(518)	(7,642)	-	-	-	-	-	-	**(8,160)**
Reversals of impairments	-	1,388	-	-	-	-	-	-	**1,388**
Revaluations	55	6,824	(24)	-	-	-	-	-	**6,855**
Reclassifications	-	22	-	(522)	(11)	-	19	-	**(492)**
Disposals / derecognition	-	-	-	(22)	(3,529)	(28)	(4,740)	(47)	**(8,366)**
Valuation/gross cost at 31 March 2020	**13,465**	**192,606**	**1,515**	**4,445**	**41,208**	**715**	**27,788**	**35**	**281,777**
Accumulated depreciation at 1 April 2019 - as previously stated	**-**	**2,154**	**-**	**-**	**32,618**	**269**	**23,795**	**77**	**58,913**
Provided during the year	-	6,178	77	-	1,485	89	1,214	3	**9,046**
Impairments	-	(1)	-	-	-	-	-	-	**(1)**
Reversals of impairments	-	(1,231)	-	-	-	-	-	-	**(1,231)**
Revaluations	-	(4,904)	(77)	-	-	-	-	-	**(4,981)**
Disposals / derecognition	-	-	-	-	(3,524)	(28)	(4,740)	(47)	**(8,339)**
Accumulated depreciation at 31 March 2020	**-**	**2,196**	**-**	**-**	**30,579**	**330**	**20,269**	**33**	**53,407**
Net book value at 31 March 2020	**13,465**	**190,410**	**1,515**	**4,445**	**10,629**	**385**	**7,519**	**2**	**228,370**
Net book value at 1 April 2019	**13,928**	**176,391**	**1,538**	**2,572**	**10,180**	**474**	**7,649**	**5**	**212,737**

Note 16.3 Property, plant and equipment financing - 2020/21

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021									
Owned - purchased	13,516	189,787	1,537	1,899	9,557	139	8,911	-	**225,346**
Finance leased	-	-	-	-	386	-	-	-	**386**
Owned - donated / granted	-	3,744	-	-	1,559	285	-	-	**5,588**
NBV total at 31 March 2021	**13,516**	**193,531**	**1,537**	**1,899**	**11,502**	**424**	**8,911**	**-**	**231,320**

Note 16.4 Property, plant and equipment financing - 2019/20

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020									
Owned - purchased	13,465	186,744	1,515	4,444	9,059	18	7,519	2	**222,766**
Finance leased	-	-	-	-	355	-	-	-	**355**
Owned - donated / granted	-	3,666	-	-	1,214	367	-	-	**5,247**
NBV total at 31 March 2020	**13,465**	**190,410**	**1,515**	**4,444**	**10,628**	**385**	**7,519**	**2**	**228,368**

Note 17 Donations of property, plant and equipment

The Trust received £610k of donated assets in 2020/21. This consisted of cash donations to purchase medical equipment and fund minor capital schemes and includes £516k of donated equipment from Department of Health and Social Care as part of the Coronavirus Pandemic response.
In 2019/20 the Trust received £673k of donated assets.

Note 18 Revaluations of property, plant and equipment

In 2020/21 the Trust's Estate was revalued by a RICS registered surveyor via the District Valuers Office as of the 31 March 2021. The valuation was in line with the Trust's accounting policy note 1.8

Note 19 Investments in Subsidiaries

The Trust, along with Northumbria Healthcare Facilities Management Ltd, incorporated a subsidiary; York Teaching Hospital Facilities Management (YTHFM LLP) registered number OC421341 in March 2018 as a limited liability partnership. YTHFM LLP became operational on the 1 October 2018. The two members own the partnership 95:5 in favour of the Trust. The primary purpose of the subsidiary is the provision of a fully managed healthcare facility for the Trust's existing infrastructure, including the design, project management and operation of the Trust's capital programme. Construction costs are accounted for as current assets - stock in the subsidiary's accounts and as non current assets - Assets under construction in the group accounts. This reflects that the assets constructed are retained within the Group. The income, expenses, assets, liabilities, equity and reserves for the subsidiary are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the Trust's or where the subsidiary's accounting date is not coterminous. The amounts consolidated for the year ending 31 March 2021 are drawn from the 12 months financial statements of YTHFM LLP.

Note 20 Inventories

	Group		Trust	
	2021	**2020**	**2021**	**2020**
	£000	**£000**	**£000**	**£000**
Drugs	1,962	3,844	1,962	3,844
Consumables	7,422	6,541	6,906	6,015
Energy	72	72	-	-
Total inventories	**9,456**	**10,457**	**8,868**	**9,859**
of which:				
Held at fair value less costs to sell	-	-	-	-

Inventories recognised in expenses for the year were £63,699k (2019/20: £54,455k). Write-down of inventories recognised as expenses for the year were £517k (2019/20: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £10,192k of items purchased by DHSC.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

The vast majority of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 21 Receivables

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Current				
Contract receivables	14,011	24,076	12,923	23,886
Allowance for impaired contract receivables / assets	(1,517)	(737)	(1,437)	(737)
Prepayments (non-PFI)	3,816	3,577	1,079	1,112
PDC dividend receivable	-	461	-	461
VAT receivable	2,310	-	3,420	1,285
Other receivables	1,599	1,201	1,485	1,150
Receivables relating to the subsidiary	-	-	1,887	7,116
Total current receivables	**20,219**	**28,578**	**19,357**	**34,273**
Non-current				
Contract receivables	959	1,078	959	1,077
Allowance for impaired contract receivables / assets	(215)	(162)	(215)	(162)
VAT receivable	2,029	3,493	2,028	3,493
Other receivables	1,448	1,525	1,448	1,525
Receivables relating to loan to subsidiary	-	-	38,283	26,361
Total non-current receivables	**4,221**	**5,934**	**42,503**	**32,294**
Of which receivable from NHS and DHSC group bodies:				
Current	3,750	20,085	3,750	20,085
Non-current	1,448	1,274	1,448	1,274

Note 21.1 Allowances for credit losses - 2020/21

	Group Contract receivables and contract assets £000	Trust Contract receivables and contract assets £000
Allowances as at 1 Apr 2020 - brought forward	**899**	**899**
New allowances arising	1,027	920
Reversals of allowances	(51)	(51)
Utilisation of allowances (write offs)	(143)	(143)
Allowances as at 31 Mar 2021	**1,732**	**1,625**

Note 21.2 Allowances for credit losses - 2019/20

	Group receivables £000	Trust receivables £000
Allowances as at 1 Apr 2019 - as previously stated	**966**	**966**
New allowances arising	166	166
Reversals of allowances	(29)	(29)
Utilisation of allowances (write offs)	(204)	(204)
Allowances as at 31 Mar 2020	**899**	**899**

Note 22 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
At 1 April	**11,385**	**9,705**	**8,403**	**7,853**
Net change in year	35,911	1,680	-	550
At 31 March	**47,296**	**11,385**	**8,403**	**8,403**
Broken down into:				
Cash at commercial banks and in hand	148	848	129	730
Cash with the Government Banking Service	47,148	10,537	45,721	7,673
Total cash and cash equivalents as in SoFP	**47,296**	**11,385**	**45,850**	**8,403**
Total cash and cash equivalents as in SoCF	**47,296**	**11,385**	**45,850**	**8,403**

Note 22.1 Third party assets held by the Trust

York Teaching Hospital NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	Group and Trust	
	31 March 2021	31 March 2020
	£000	£000
Bank balances	1	1
Total third party assets	**1**	**1**

Note 23 Trade and other payables

	Group		Trust	
	2021	2020	2021	2020
	£000	£000	£000	£000
Current				
Trade payables	5,165	3,843	4,269	3,936
Capital payables	9,814	4,936	2,280	2,339
Accruals	26,300	14,495	22,324	13,106
Receipts in advance and payments on account	13	91	13	77
Social security costs	7,828	7,224	7,483	6,904
VAT payables	-	396	-	-
Other taxes payable	130	119	122	111
PDC dividend payable	105	-	105	-
Other payables	10,715	8,021	10,082	7,687
Amounts owing to subsidiary	-	-	16,942	9,019
Total current trade and other payables	**60,070**	**39,125**	**63,620**	**43,179**
Non-current				
Trade payables	66	54	54	54
Total non-current trade and other payables	**66**	**54**	**54**	**54**
Of which payables from NHS and DHSC group bodies:				
Current	3,827	5,433	3,827	5,433

Note 24 Other liabilities

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Current				
Deferred income: contract liabilities	1,107	2,037	1,092	2,037
Total other current liabilities	**1,107**	**2,037**	**1,092**	**2,037**

Note 25 Borrowings

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Current				
Loans from DHSC	3,316	35,505	3,316	35,505
Loans from subsidiary	-	-	2,488	1,940
Obligations under finance leases	66	61	-	-
Total current borrowings	**3,382**	**35,566**	**5,804**	**37,445**
Non-current				
Loans from DHSC	24,349	25,999	24,349	25,999
Loans from subsidiary	-	-	22,762	16,950
Obligations under finance leases	317	285	-	-
Total non-current borrowings	**24,666**	**26,284**	**47,111**	**42,949**

Note 25.1 Reconciliation of liabilities arising from financing activities (Group)

Group - 2020/21	Loans from DHSC	Finance leases	Total
	£000	£000	£000
Carrying value at 1 April 2020	**61,504**	**346**	**61,850**
Cash movements:			
Financing cash flows - payments and receipts of principal	(33,712)	(56)	**(33,768)**
Financing cash flows - payments of interest	(625)	(12)	**(637)**
Non-cash movements:			
Additions	-	91	**91**
Application of effective interest rate	498	14	**512**
Carrying value at 31 March 2021	**27,665**	**383**	**28,048**

Group - 2019/20	Loans from DHSC	Finance leases	Total
	£000	£000	£000
Carrying value at 1 April 2019	**57,788**	**-**	**57,788**
Cash movements:			
Financing cash flows - payments and receipts of principal	3,721	(33)	**3,688**
Financing cash flows - payments of interest	(916)	(8)	**(924)**
Non-cash movements:			
Additions	-	379	**379**
Application of effective interest rate	911	8	**919**
Carrying value at 31 March 2020	**61,504**	**346**	**61,850**

Note 25.2 Reconciliation of liabilities arising from financing activities (Trust)

	DHSC	Other loans	Total
	£000	£000	£000
Carrying value at 1 April 2020	**61,504**	**18,890**	**80,394**
Cash movements:			
Financing cash flows - payments and receipts of principal	(33,712)	6,360	**(27,352)**
Financing cash flows - payments of interest	(625)		**(625)**
Non-cash movements:			**-**
Change in effective interest rate	498		**498**
Carrying value at 31 March 2021	**27,665**	**25,250**	**52,915**

Trust - 2019/20	DHSC	Other loans	Total
	£000	£000	£000
Carrying value at 1 April 2019	**57,788**	**7,858**	**65,646**
Cash movements:			
Financing cash flows - payments and receipts of principal	3,721	11,032	**14,753**
Financing cash flows - payments of interest	(916)		**(916)**
Non-cash movements:			**-**
Application of effective interest rate	911		**911**
Carrying value at 31 March 2020	**61,504**	**18,890**	**80,394**

Note 26 Finance leases

Note 26.1 York Teaching Hospital NHS Foundation Trust as a lessor

Future lease receipts due under finance lease agreements where the Trust is the lessor:

The Trust has no financial leases where it is the lessor.

Note 26.2 York Teaching Hospital NHS Foundation Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	Group	
	31 March 2021	31 March 2020
	£000	£000
Gross lease liabilities	**417**	**346**
of which liabilities are due:		
- not later than one year;	75	61
- later than one year and not later than five years;	298	243
- later than five years.	44	42
Finance charges allocated to future periods	(34)	-
Net lease liabilities	**383**	**346**
of which payable:		
- not later than one year;	66	61
- later than one year and not later than five years;	274	243
- later than five years.	43	42
	383	**346**

The Trust does not have any finance lease figures to report.

Note 27.1 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2020	**350**	**173**	**11**	**1,274**	**1,808**
Change in the discount rate	16	7	-	221	**244**
Arising during the year	295	64	101	-	**460**
Utilised during the year	(74)	(20)	-	-	**(94)**
Reversed unused	(13)	-	-	-	**(13)**
Unwinding of discount	(2)	(1)	-	-	**(3)**
At 31 March 2021	**572**	**223**	**112**	**1,495**	**2,402**
Expected timing of cash flows:					
- not later than one year;	73	18	112	47	**250**
- later than one year and not later than five years;	301	76	-	122	**499**
- later than five years.	198	129	-	1,326	**1,653**
Total	**572**	**223**	**112**	**1,495**	**2,402**

Clinicians who are members of the NHS Pension Scheme and who as a result of work undertaken in 2019/20 tax year, potentially face a tax charge in respect of the growth of their NHS pension benefits above their pension savings annual allowance threshold. NHS England and the Government have committed to fund the payments to clinicians as and when they arise. At the time of publication of these financial statements the extent of this charge is unknown. NHSE have issued guidance advising that the Trust should make a provision of £3,924 per consultant based on NHS Digital's NHS Workforce Statistics - November 2019 - consultant headcount data. For the Trust this equates to 381 consultants, giving a total provision is £1.274m. The provision is a pre-calculated national average discounted value per nomination. An equal provision will be recognised by NHS England in its accounts.

Legal claims relate to outstanding claims that are being handled by NHS Resolution where they have advised that it is likely that the Trust will have to pay the excess relevant for the claim.

Note 27.2 Provisions for liabilities and charges analysis (Trust)

Trust	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2020	**350**	**173**	**11**	**1,274**	**1,808**
Change in the discount rate	16	7	-	221	**244**
Arising during the year	295	64	101	-	**460**
Utilised during the year	(74)	(20)	-	-	**(94)**
Reversed unused	(13)	-	-	-	**(13)**
Unwinding of discount	(2)	(1)	-	-	**(3)**
At 31 March 2021	**572**	**223**	**112**	**1,495**	**2,402**
Expected timing of cash flows:					
- not later than one year;	73	18	112	47	**250**
- later than one year and not later than five years;	301	76	-	122	**499**
- later than five years.	198	129	-	1,326	**1,653**
Total	**572**	**223**	**112**	**1,495**	**2,402**

Please see above for the details of the Trusts provisions.

Note 27.3 Clinical negligence liabilities

At 31 March 2021, £258,742k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of York Teaching Hospital NHS Foundation Trust (31 March 2020: £220,957k).

Note 28 Contingent assets and liabilities

On the 31 March 2021 The Group held no contingent assets or liabilities. There were no contingent assets or liabilities in the prior year to 31st March 2020.

Note 29 Contractual capital commitments

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Property, plant and equipment	14,603	2,480	14,603	2,480
Total	**14,603**	**2,480**	**14,603**	**2,480**

Note 30 Financial instruments

Note 30.1 Financial risk management

IFRS 7 regarding Financial Instruments, require disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Due to the continuing service provider relationship that the NHS Foundation Trust has with local Clinical Commissioning Groups (CCG) and the way those CCGs are financed, the NHS Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IAS 32, 39 and IFRS 7 mainly apply.

Liquidity Risk

The risk that an entity will encounter difficulty in meeting obligations associated with its financial liabilities

The Foundation Trust's net operating costs are incurred under 3 year rolling contracts with local Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Foundation Trust receives such contract income in one of two ways;

1) Aligned Incentive, where the income is based on fixed income basis with variable incentives, or

2) Payment by Result (PBR), which is intended to match the income received in year by reference to the National Tariff procedure cost. The Foundation Trust receives cash each month based on an annually agreed level of contract activity, and there are monthly corrections made to adjust for the actual income due, to minimise the effects on cash flow.

Interest Rate Risk

The NHS Foundation Trust's financial assets and financial liabilities carry nil or fixed rates of interest. Therefore, York Teaching Hospital NHS Foundation Trust is not exposed to significant interest-rate risk.

Credit Risk

The risk that one party will cause a financial loss for the other party by failing to discharge an obligation.

The Foundation Trust receives the majority of its income from Clinical Commissioning Groups and Statutory bodies and so the credit risk is negligible. The Foundation Trusts treasury management policy minimises the risk of loss of cash invested by limiting its investments to

- the government banking service and the National Loans Fund
- Banks registered directly regulated by the PRA (Prudential Regulation Authority)

Foreign Currency Risk

The NHS Foundation Trust carries out a minimal amount of foreign currency trading therefore the foreign currency risk is negligible

Market Risk

The risk that the fair value or future cash flows of a financial instrument will fluctuate due to changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.

With the exception of cash balances, the Foundation Trust's financial assets and financial liabilities carry nil or fixed rates of interest. The Foundation Trust monitors the risk but does not consider it appropriate to purchase protection against it.

The Foundation Trust is not materially exposed to any price risks through contractual arrangements.

Note 30.2 Carrying values of financial assets (Group)

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	16,284	**16,284**
Cash and cash equivalents	47,296	**47,296**
Total at 31 March 2021	**63,580**	**63,580**

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	26,980	**26,980**
Cash and cash equivalents	11,385	**11,385**
Total at 31 March 2020	**38,365**	**38,365**

Note 30.3 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	15,164	**15,164**
Receivalbles relating to subsidiary	40,172	**40,172**
Cash and cash equivalents	45,850	**45,850**
Total at 31 March 2021	**101,186**	**101,186**

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	26,739	**26,739**
Other investments / financial assets	33,476	**33,476**
Cash and cash equivalents	8,403	**8,403**
Total at 31 March 2020	**68,618**	**68,618**

Note 30.4 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	27,665	**27,665**
Obligations under finance leases	383	**383**
Trade and other payables excluding non financial liabilities	52,061	**52,061**
Total at 31 March 2021	**80,109**	**80,109**

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	61,504	**61,504**
Obligations under finance leases	346	**346**
Trade and other payables excluding non financial liabilities	31,349	**31,349**
Total at 31 March 2020	**93,199**	**93,199**

Note 30.5 Carrying values of financial liabilities (Trust)

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	27,665	**27,665**
Trade and other payables excluding non financial liabilities	44,635	**44,635**
Trade and other payables relating to subsidiary	36,570	**36,570**
Total at 31 March 2021	**108,870**	**108,870**

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	61,504	**61,504**
Trade and other payables excluding non financial liabilities	27,123	**27,123**
Payables relating to subidiary	27,908	**27,908**
Total at 31 March 2020	**116,535**	**116,535**

Note 30.6 Fair values of financial assets and liabilities

The Trust has carried all financial assets and financial liabilities at amortised cost for the year 2020/21. Due to the nature of the assets and liabilities management consider that the carrying value is a reasonable approximation of the fair value.

Note 30.7 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2021 £000	31 March 2020 restated* £000	31 March 2021 £000	31 March 2020 restated* £000
In one year or less	55,758	66,916	61,084	73,532
In more than one year but not more than five years	12,276	10,600	19,396	21,670
In more than five years	15,333	20,508	43,034	24,873
Total	**83,367**	**98,024**	**123,514**	**120,075**

* This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.

Note 31 Losses and special payments

	2020/21		2019/20	
Group and Trust	**Total number of cases Number**	**Total value of cases £000**	**Total number of cases Number**	**Total value of cases £000**
Losses				
Cash losses	20	-	30	-
Bad debts and claims abandoned	97	78	134	84
Stores losses and damage to property	-	-	1	1
Total losses	**117**	**78**	**165**	**85**
Special payments				
Ex-gratia payments	118	153	95	104
Total special payments	**118**	**153**	**95**	**104**
Total losses and special payments	**235**	**231**	**260**	**189**
Compensation payments received	-	-	-	6

Note 32 Gifts

The Trust has made no donations of gifts to any party during the year 2020/21 or for the year 2019/20.

Note 33 Related parties

York Teaching Hospital NHS Foundation Trust is a corporate body established by order of the Secretary of State for Health.
During the year none of the Board Members, members of the Council of Governors or members of the key management staff or parties related to them has undertaken any material transactions with York Teaching Hospital NHS Foundation Trust.

The Department of Health is regarded as a related party. During the year York Teaching Hospital NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

In addition, the Trust has had a number of material transactions with other English government departments and other central and local government bodies. Most of these transactions have been in the course of the latter's business as government agencies.

During the year, the Trust had a number of transactions with the subsidiary, York Teaching Hospital Facilities Management LLP. The Trust received income totalling £20.5m and incurred expenditure totalling £87.7m. At the year-end there was a receivable balance in the Trust of £42m due from the subsidiary and a creditor balance of £44m due to the subsidiary.
All of these transactions and balances have been eliminated from the consolidated group position.

The Trust has also received total contributions of £1.6m (£1.5m towards revenue expenditure and £0.1m towards capital expenditure) from the York Teaching Hospital Charity, the Corporate Trustee for which is the York Teaching Hospital NHS Foundation Trust. At the year-end there was a receivable balance in the Trust of £0.2m due from the York Teaching Hospital Charity. The charities accounts are not consolidiated into the Group on the basis of immateriality.

Entities where significant transactions have occurred during the year are listed below. Transactions are considered significant, if income or expenditure for the year exceeds £2.0m or the receivable or payable balance exceeds £0.5m.

Department of Health and Social Care
City of York Council
Harrogate & District NHS Foundation Trust
Health Education England
HM Revenue & Customs
Hull University Teaching Hospitals NHS Trust
Humber Teaching Hospitals NHS Foundation Trust
NHS Blood and Transport
NHS East Riding of Yorkshire CCG
NHS England
NHS Leeds CCG
NHS North Yorkshire CCG
NHS Pension Scheme
NHS Resolution
NHS Vale of York CCG
North Yorkshire County Council
Sheffield Teaching Hospitals NHS Foundation Trust
Tees, Esk & Wear Valleys NHS Foundation Trust

Note 34 Transfers by absorption
There have been no transfers by absorption during 2020/21 and no transfers by absorption during 2019/20.

Note 35 Prior period adjustments

There are no prior period adjustments.

Note 36 Events after the reporting date

There are no events after the reporting date.